THE CANADIAN NURSE

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Between Ourselves

A golden anniversary is always a momentous, exciting and heart-warming event. When it represents 50 years of vigorous activity in the life of a provincial nurses' association, it means the consolidation into one brief period of celebration, of remembering, that involves hundreds, even thousands of nurses. It is most gratifying, therefore to be able to share with you the presidential address delivered by SISTER CATHERINE GERARD to the convention body last June.

Sister Gerard was justifiably proud of the record of achievement the Registered Nurses' Association of Nova Scotia has built up in the course of the past 50 years. To her successors as president of this busy organization she presents a challenge to continue to strengthen the work of the Association. Number 27 on the roster of registered nurses in Nova Scotia, Sister Gerard is the administrator of Halifax Infirmary, Halifax, N.S.

* * *

The transmission of infection from one person to another should always be a matter of concern to nurses. When such a transmission occurs in a hospital with its large volume of acutely ill or postoperative patients, its nurseries crowded with newborn infants, as well as the complex variety of staff caring for these and other patients, it becomes a matter of serious import. This is particularly true where the spread of staphylococcal infection is involved.

To give you a sound background of factual information regarding the problems involved, we are presenting a short series of articles on the subject of the staphylococcus as an infective agent. The control of the spread of staphylococcal disease depends very largely upon the application of suitable aseptic measures. The use of antibiotics, either for treatment or prophylaxis, is by itself unreliable. It is very necessary, therefore, to be constantly on guard for any clinical evidence of infection — either in the form of lesions or from apparently healthy carriers.

Transfer of staphylococcal infection may be directly from person to person or indirectly by contaminated articles or air-borne dust. These organisms are moderately resistant to drying and retain viability for a considerable length of time after being discharged from the host. Most of the inanimate objects in a patient's environment may act as depots for these organisms unless absolute cleanliness prevails at all times. The possible dispersal of the organisms from contaminated dressings, clothing, bedding and dust should be kept to a minimum. Ideally, all wounds should be dressed in a properly designed treatment room.

Isolation nursing techniques should be employed in the treatment of patients with septic lesions. The use of gloves, masks and gowns is advocated in a variety of circumstances. Above all else, scrupulous attention to the washing of the hands before and after every kind of service should eliminate the nurse as the communicating agent.

* * *

This month, the first of a series of short articles on psychiatric subjects appears. Such additional topics as: Manic-depressive psychosis, involutional melancholia, presenile dementia, mental diseases of old age will be included in this series. As far as possible the articles will follow in consecutive issues. All of them have been written by DR. JOHN GIBSON who is psychiatrist at St. Lawrence's Hospital, Caterham, England.

* * *

Last month we carried a half page notice regarding the new self-binders that are available for your copies of *The Canadian Nurse*. We have ordered 1,000 of these binders but with nearly 48,000 subscribers for the English edition, nearly 8,000 for the French edition, that number may not be half enough. Before we order any more we would like to have some idea as to how many of you wish to purchase them. Watch for next month's issue and complete the order form at once if you wish to have one or more of the binders. Send your remittance with your order and we shall mail the binder to you as quickly as possible.

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Random Comments

Dear Editor:

It is with pleasure that we have greeted the first number of *L'infirmière Canadienne.* From all sides echoes of happiness have been resounding. Will you please accept our good wishes for the long life of the new publication.

D.P., Quebec

* * *

Dear Editor:

My work among the babies has made me very appreciative of the "newborn" of the month. The presentation, the workmanship and the format are all to the point! *L'Infirmière Canadienne* fills a great need and will be of inestimable value to us.

M.P.C., Quebec

* * *

Dear Editor:

Just a line to wish you well and give you my permanent address.

I enjoy *The Canadian Nurse* very much and think it is such a good idea to have the subscription price included with the annual fee so that every nurse receives her copies. I keep all my copies as other people enjoy reading them too. I find the case histories so interesting as well as all the other good features.

V.C.H., Alberta

* * *

Dear Editor:

My warmest congratulations on the new cover of our magazine. It gave me a distinctly pleasant shock when I removed it from its envelope. I especially like the format and color scheme which provide such a splendid background for the bold-face type proclaiming the name of this progressive periodical.

I consider the June issue an exceptionally fine one with regard to the variety of articles. There is much food for thought in

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Dr. Hickman's paper. The wealth of knowledge and experience offered in Mr. Boshouwer's article should serve as an excellent guide for all who are working in supervisory or administrative posts.

A.W.W., Ontario

* * *

Dear Editor:

As you know, all of our students receive the *Journal*. In class recently I asked one group for their reactions on the new cover. The comments ran something like this "neat," "smart," "modern looking." Our graduate staff has made so many favorable comments too.

P.P., Quebec

* * *

Dear Editor:

Permit me to congratulate you on *L'Infirmière Canadienne*, the first number of which I have received.

I believe that you ought to include the translation of "Employment Opportunities" which appear in the English edition. For different reasons, such as to improve our ability to speak English or for the pleasure of travelling in our own country or in the United States, many nurses would profit from those opportunities. I sincerely hope that in the next number we will find those translations.

M.G. Quebec

¶: *Alas for your hopes! All of the Employment Opportunities are paid advertisements. Perhaps your plea will interest the many hospitals that advertise, in using both Journals simultaneously.*

Ed.

* * *

Dear Editor:

We congratulate you upon the appearance of *l'Infirmière Canadienne* which is particularly attractive and also upon the truly scientific articles that it contains. We believe that the French-speaking nurses will benefit greatly by receiving our national journal written in their own language; we dare to hope that all of them will make their own contribution of articles, also, to this their own journal.

G.C., Quebec

* * *

Dear Editor:

I do enjoy all the case histories and find

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them very informative. Also, I like to keep up on the new pharmaceutical products.

M.V., Alberta

* * *

Dear Editor:

It gives me pleasure to congratulate you most sincerely on the fine presentation of *L'Infirmière Canadienne.* I have read it carefully and found all of the articles very interesting. I would like to mention particularly those by Miss J. Reynolds, Sister Mance Décary, Dr. Harry Hickman and Dr. K. J. MacKinnon.

This issue is a good augury for the future and I am certain that the French Canadian nurses are very proud of their *Journal.*

J.B., Quebec

In Memoriam

Clare Dugal who graduated from Hotel Dieu Hospital, Windsor in 1922 died recently.

* * *

Edith (Amas) Esson, a graduate of Saskatoon City Hospital in 1923, died in a hotel fire in Norway on June 23, 1959. Mrs. Esson had worked in a number of community hospitals in Saskatchewan as a staff nurse and had also engaged in private nursing and occupational nursing in the United States. Following her graduation from the McGill School for Graduate Nurses in 1930, she had served as an instructor at her home hospital for five years before becoming director of nursing in 1935.

* * *

H. Grace (Connor) Feyerer, a graduate of Hamilton General Hospital in 1946, died on May 6, 1959 after a brief illness.

* * *

Mrs. Jessie Kay who graduated from Ontario Hospital, Orillia, Ont. in 1938, died on April 29, 1959. She had engaged in institutional nursing during her professional career.

* * *

Muriel Isabell Kerr, a graduate of Memorial Hospital, St. Thomas, Ont. in 1946 died in a plane crash on June 30, 1959. She joined the R.C.A.F. as a nursing sister in 1953 and had attained the rank of Flying Officer. Since 1957 she had assisted in carrying out 56 mercy flights in British

Columbia and was engaged on a similar mission at the time of her death.

* * *

Mary (Molly) Kirby who graduated from Hotel Dieu Hospital, Windsor in 1924, died recently.

* * *

Blanche (Godbout) Nadeau, a graduate of Notre Dame Hospital, Montreal in 1927, died on June 1, 1959. She had been engaged in private nursing.

* * *

Lois (Miller) Patterson who graduated from Hamilton General Hospital in 1938, died on June 20, 1959 after a long illness.

* * *

Mabel (Miller) Stockwell who graduated from Royal Victoria Hospital, Montreal in 1902, died on June 13, 1959.

Remember that emotional stability is more often a matter of reacting evenly to stress and frustration than it is of rigidly suppressing feelings. There are good and bad ways to explode.

— Thomas F. Tyson

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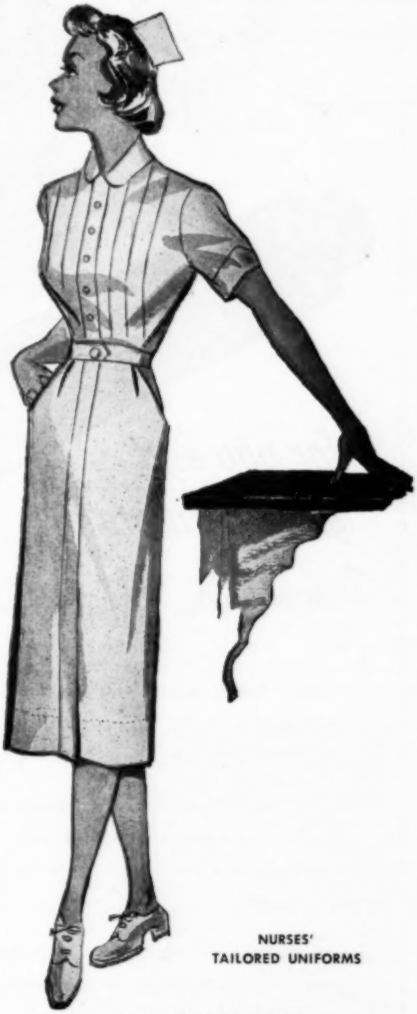

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED
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VOLUME 55 NUMBER 9
MONTREAL, SEPTEMBER 1959

Our Golden Jubilee

THE OCCASION of a jubilee always calls for remembrance of beginnings, and perhaps a little poetic fancy along with the historical facts. Surely at this time the symbolism of the "Tree" will not be amiss. It has been a favorite one in describing the growth of cultural and scientific movements. Since "great oaks from little acorns grow," we might well wonder whence came the little acorn for our particular Tree, the Registered Nurses' Association of Nova Scotia, that was planted 50 years ago, and now is seen to flourish vigorously.

Shortly before the turn of the century, there was a growing conviction that the nursing profession could do much more if it could be organized for mutual help and interest. As might be expected, English nurses had made considerable progress in this direction. This might be considered the "prehistory" of nurses' organizations in America. In *The Canadian Nurse* for June, 1958 there was a very interesting article by Dr. Ethel Johns on these beginnings. It seems that the sowing of some of the acorns was done in connection with the Chicago World's Fair in the year 1893, where there was held an International Congress of Charities, Corrections and Philanthropy, which in turn had a section on hospital affairs and a subsection on nursing affairs. During the latter program conducted by very dynamic nurses, the idea, though not the reality, of an International Council of Nurses was de-

SISTER CATHERINE GERARD

veloped. The value of organization, of the banding together of nurses' alumnae groups, was stressed again and again. As a first practical measure, steps were taken to form the American Society of Superintendents of Training Schools for Nurses of the United States and Canada. This Superintendents' Society in turn set up the Nurses' Associated Alumnae of United States and Canada, which later received a charter as the American Nurses' Association. Although the friendliest relations were maintained between American and Canadian nurses, it seemed wise to have two separate national organizations, and so the same plan was followed in Canada. First came the organization of a Superintendents' Society in 1907, which in turn led to the coordination of the alumnae groups. To this end, great impetus was given by the desire to have Canada recognized as a member of the International Council of Nurses which was about to meet in 1909. In order to apply for membership in time for the 1909 Congress, the Superintendents' Society invited various hospitals and training schools to their annual meeting of 1908. And so, on October 8, 1908, "eighteen organizations of nurses met by delegation in Ottawa to form the provisional society of the Canadian National Association of Trained Nurses." Five Canadian nurses were appointed delegates to the ICN Congress in London, twenty more went along at their own expense, and the association was forthwith received into ICN membership, along with Denmark, Finland and Holland, amid the cheers of the four hundred nurses assembled in Congress.

So much for the general planting — now to consider our own special Tree.

Among the original eighteen groups forming the Canadian National Association of Trained Nurses in 1908, the only provincial organizations were those of Manitoba and Ontario. However, the nurses of Nova Scotia were not to be left behind! By the time of the ICN Congress in 1909 our provincial society had been formed, had held seven ordinary meetings, the first annual meeting, and was well on its way towards incorporation. The preliminary meeting for this purpose was held in Halifax on Saturday, April 17, 1909. Just one year later, on April 22, 1910, the provincial government passed "An Act to Incorporate The Graduate Nurses' Association of Nova Scotia," thus providing the model and prototype of the legislation for all other provincial associations of nurses throughout Canada. Our first president was Mrs. Frances Forest; the holders of the first two certificates of registration were Misses Eveline Pemberton and Catherine Graham. Miss Graham was one of our most active workers until illness incapacitated her.

As we look through the reports of the numerous committees and branches in their varied and complex activities for this present year, it may be interesting to refer again to our simile of the Tree and to note that though the main trunk has put forth many branches during the years, every one of our present activities is contained in germ in that original strong statement of "objects of the association" so well laid down by our founders in the 1910 Act:

> The objects of the Association shall **be:**
>
> (a) To provide a special organization for graduate nurses, and to do all such other things as from time to time may be necessary to elevate the status and advance the Association of Graduate Nurses of the Province:
>
> (b) To unite the members of the profession into one general body; to provide for the better definition and protection of graduate nurses, and the supply of educated and trained members by a system of examination and otherwise as the Association may deem best, and the issue of certificates:
>
> (c) To promote and foster among the members of the profession a high sense of the importance of professional training, and to promote and protect the mutual interests of the members:
>
> (d) To provide opportunities for intercourse among the members, and to give facilities for the reading of papers, the delivery of lectures and for the acquisition and dissemination by other means of the most improved methods and scientific teaching of nursing:
>
> (e) To assist necessitous members, and to act as Trustees of any benevolent fund which may be contributed for any purpose:

(f) To acquire, purchase or lease, to sell or dispose of any building, lecture room or any property, real or personal:

(g) To do all such other lawful things as are incidental or conducive to the above objects.

I will not attempt to trace the many ramifications of our present-day work, following them back to their main trunks in the original "objects" of the Association. Those with an analytical turn of mind may enjoy doing so for themselves at leisure.

Sometimes our Tree has put forth a twig here and there that could not go into leaf at once, or was nipped by the frosts and had to wait for a more favorable year. So we note, for example, in the minutes of the 1910 annual meeting, a guest speaker who was a hospital chaplain from England urged the need of a Pension Plan for nurses' old age retirement. This suggestion was followed in a slightly altered form — a Sick Benefit Fund, which appeared very well organized, with its own Board of Administration. However, after several years of operation, it lapsed for lack of sufficient patronage. Then, in 1922 an insurance plan for groups of 50 nurses was discussed, but nothing came of it at the time. This late-blooming branch reappeared in the form of the Canadian Investment Fund Plan, sponsored by our Association in 1957, followed in 1958 by the Canadian Nurses' Association Retirement Plan, which is an actuality now awaiting more subscribers.

Again, in the 1921 minutes, a quarterly circular letter from the president was proposed "to keep our members in touch with the association." Behold! our News Letter, Volume 1, Number 1, May 1959 has been distributed. So, some of our new and wonderful ideas are really the results of much background work on so-called "lost causes" of other days.

Indeed, perusal of the old handwritten Minutes Books reveals much that is of interest. I would like to see someone with time and talent for writing go through them and write the fascinating story of the "First Fifty Years of R.N.A.N.S." One of its very important chapters would surely be that entitled "The Struggle for Legislation as Registered Nurses." It is true that the original Act of 1910 was a masterpiece in its own right, but the founders could not possibly specify all the requirements for future registration of nurses for conditions of the future are always unknown. By 1919 a revised Bill was presented to the Legislature to amend the Act of 1910, with clauses specifically referring to Registered Nurses rather than graduate nurses. There was so much discussion and disagreement on the specifications for training schools that the Bill was held over by the Association for further work. Contentious points being at last settled, a revised Act was passed in 1922, which provided for "Registration of Nurses," that members be entitled to use the letters "R.N.," and that certificates be so issued. These certificates and cards were printed and made available in 1923 and I have one of the early registration numbers—no. 27. At that time, those who were already members of the Association were issued the Certificates of Registration. The first "R.N. Examinations" were held in 1925, although an Examining Board had been functioning for several years before that, in order to qualify certain applicants for membership, namely those who had graduated from schools of less than the specified size and scope. In 1926, the Act was further amended to change the name of the Association, the word "Graduate" being changed to "Registered." The Act has been amended or revised in 1931, 1933, 1934, 1941 and 1950 as the changing conditions and the advancement of professional status indicated. A mere statement of those facts can give no indication of the amount of study and work required, as each one of these changes had to be passed by the Legislature, thus being given the force of law within the province.

Our Association with its various committees, has been busy all through the years working to make our nursing profession a symbol of service — an indispensable support to the medical profession, and a source of spiritual and bodily comfort to the patient. In 1951 the Qualifying Examinations were written for the first time. 1952 brought us our Nursing School Adviser, Miss Rhoda MacDonald. In 1953 the Personnel Policies, which were revised in 1955, were formulated, and are currently being studied to cope with the changing times. The National League for Nursing Test Pool Examinations for registration were adopted for a trial period in May, 1955. Regulations for Approved Schools of Nursing have recently been compiled. Our Student Nurses' Association was formed in 1956, and held its first annual meeting in 1957. I have mentioned here only a few of the more outstanding activities being carried on by the members of our Association.

Taking another look at the old Minutes Books, we find that in 1913 when the N.S.G.N.A. was affiliated with the National body invitations were issued to the Canadian National Association of Trained Nurses, and to the Superintendents' Society to hold their annual meeting in 1914 in Halifax. Again in 1938 the invitation was accepted, and the meetings that were held were a great success. It may be of some comfort to the energetic conveners of the 1960 Biennal Meeting of the CNA to know that "It's been done before," even so long ago.

If there is a moral to this rambling through the pages of history, surely it is that we in Nova Scotia have a proud record to look back upon, particularly in pioneering "legislation" for nurses. The oak tree of our Association was so firmly planted by our founding members that we may dare spread forth our branches to yet more ambitious projects in future years, without fear of being uprooted by any storms of adversity.

And yet, the report of all this activity and success gives us pause for a moment, to consider that although competing with the changing times, the education of students for "grades," and the provision for sickness and retirement are all important, yet the primary motive must not be lost sight of in the rush and bustle of daily living. This motive is the reason for our existence as an association — the care and comforting of the patient, both in body and soul.

Confident that our Heavenly Father will recognize in our humble labors the good will and zeal of our Apostolate for the sick, and will vouchsafe to bless our efforts to prepare His field, we earnestly beseech Him to continue to throw therein the divine seed as He has done so generously in the past, and to bring it to maturity.

SISTER CATHERINE GERARD
Immediate Past President
Registered Nurses' Association
of Nova Scotia

Probably you have known in a general way that your body is shaped by the environment in which you grew up . . .

If you were born and live in the tropics, you are likely to be smaller than your northern neighbor. Your lung capacity will be smaller and you will be unduly susceptible to a whole range of common northern diseases . . . There will be fewer babies in your family and their chances of living will be slighter than those of babies in the temperate zone. On the other hand, if you are not eaten by a shark or a jungle tiger, you will most likely live longer than your northern neighbor. And your emotions will suffer less from wear and tear. You needn't fear a nervous breakdown.

Turning from the tropics to the temperate zone, if you were born in this region you will not only be larger and more vigorous but you will have a much more volatile disposition. Being forced constantly to adapt your body to weather changes, you acquire a hair-trigger temperament with a comparatively wide range of ups and downs. You will be lively, energetic, productive but you will pay for this by wearing out sooner. You will be more susceptible than the Southerner to diseases such as diabetes, cancer, arthritis and particularly to mental breakdown, as well as the respiratory diseases, the whole range of colds, influenza and pneumonia.

— Blue Cross *Health Digest*

* * *

The biochemical mechanisms required to inactivate drugs—enzyme systems located in the liver — are absent in newborns and require about eight weeks to develop. The central nervous system of the newborn is extraordinarily sensitive to barbiturates. These findings have great significance in the administration of drugs to expectant mothers and to newborn infants.

U.S. Dept. of Health, Education, and Welfare.

About the Staphylococcus

E. G. D. MURRAY, M.A., M.D., F.R.C.S.

A THOUGHTFUL LOOK at the pathological side of human life today reveals at once that the spectacular killers of the past do not now terrify communities with unmanageable mortalities. Great epidemics of bubonic plague, of smallpox, of cholera and typhoid, and other expansive scourges are abated. No longer need there be the threatening calamity of diphtheria, of puerperal sepsis and many another fatal or crippling bacterial disease. We see instead that agencies with authority, money and purpose, such as the World Health Organization, now turn their attention with concern to what were considered either lesser or limited diseases, such as malaria, schistosomiasis, leptospirosis and the like. Even those troubles of our own making, sometimes grandiloquently disguised by the term "iatrogenic disease," such as untoward reactions to antibiotics, become appropriately prominent.

This magnificent contribution to human welfare is a direct achievement of the science of bacteriology, through the introduction of new concepts. These concepts did not merely improve diagnosis and treatment of disease but initiated both experimental and preventive medicine, and provided the basis or the protection to allow medical developments of which the specialties have reason to be proud.

What some have called the conquest of disease is one of the principal components of the marvel of the past 100 years — probably the most wonderful century of human history. But we must not be deceived into thinking that the microorganisms that cause the controlled diseases have been killed off, nor can we even hope that it may ever be possible to exterminate them. Incidence of a particular disease can be greatly reduced, but when there is an inadequacy or a relaxation of the controlling measures the disease reappears. Even in states of natural or induced immunity in individuals the corresponding pathogenic bacteria and viruses often persist without loss of character. These individuals constitute symptomless carriers quite capable of transmitting the disease to others who are susceptible. The bacteria are as tenacious of survival as we are ourselves. They possess the capacity of responding to circumstances, whether favorable or unfavorable, in a manner characteristic of life itself. This is a necessary and wholesome doctrine that we must apply to our own purpose, using what we learn by observation and research. We should not oppose natural processes but try to make them serve our own ends.

The situation I am trying to convey was stated most aptly and succinctly almost 400 years ago by a renowned English poet:

> Yet all these were, when no man did them know,
> Yet have from wisest ages hidden beene,
> And later times thinges more unknowne shall show.

Of recent years particular notice has been taken of staphylococcus infections with emphasis on their occurrence in hospitals. This interest almost appears to have arisen out of a sense of frustrated disappointment in the overoptimistic expectation of 'miracles' to be performed by the antibiotics. In fact, it has been seriously suggested in explanation that "a new race" of staphylococcus has been suddenly evoked, though without a shred of support for such a supposition. Nevertheless, there is an anxiety about the matter attested to by the profuse and pointed medical literature on the subject, together with the appointment of special committees to enquire and report on hospital infections with particular reference to staphylococcus.

This activity can only do good. It has stimulated a searching enquiry into

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Dr. Murray is Research Professor with the Department of Medical Research, University of Western Ontario, London. This address was delivered at the 1959 annual meeting of the R.N.A.O.

every aspect of the functioning of hospitals. The range of the investigations has included building design and construction, ventilation, the procedures and materials of housekeeping, furniture, bedding, laundry, the clothing of the hospital staff, the admission, management and treatment of patients, medical and nursing techniques and procedures, records and reporting of cases, laboratory investigation, staff and patient carrier states. Administrative problems arise in coping with the findings these enquiries produce. Every one of these problems has subdivisions and ramifications, but the wholehearted endeavor of everyone concerned is to discover any weaknesses and to introduce improvements.

All this is going on in several countries, including Canada. Whether or not the staphylococcus problem is more serious now that it ever has been, this review of the functioning of hospitals in the light of modern knowledge is well worth the effort. A great deal has been learned. Much information still has to be evaluated and arranged for application in practice. Canadian hospitals, both large and small, are cooperating fully in every way that the National Research Council Committee requests and many hospitals have their own committee to which their problems are referred.

When widespread informed attention is sharply focused on a definite problem it is natural and desirable that the general public should be made aware of it. It is therefore not surprising that staphylococcus infections are no secret. It is unfortunate that the information has at times been exaggerated and distorted in magazine articles and newspapers so that public confidence in hospitals is shaken. Even the most learned find it difficult to reduce technical complexities to effective everyday language; but deliberate intention to scare the public for the sake of unjustifiable sensationalism is contemptible irresponsibility. Such disservice must tend to preclude the giving of information to writers of feature articles. These trifling tirades will not outweigh average good sense and experience, for, in general and particular, never in known history have the sick had such advantages as are afforded them by medical care today.

It would contribute little at the moment to try to unravel the uncertainties of terms and descriptions surviving from the very distant past, but it is well to realize that staphylococcus infections are not new and peculiar to our time. In an Anglo-Saxon magical text dealing with leechings, there is a cure: (translated)

> For carbuncle (blaece): After sunset scarify the neck; silently pour the blood into running water; spit thrice and say "Have thou this unheal and depart therewith." Return home by a clean route, going both ways in silence.

The staphylococcus was not definitely associated with disease until 1880, although suggestive findings had been made as early as 1871 in the dawning of proof of the bacterial cause of disease. Between 1885 and 1887 various investigators proved the pathogenicity of staphylococcus for human beings by inoculating themselves and producing lesions from which the bacteria were recovered. Lord Lister in 1870 describes how wards had to be shut up entirely because of pyemia, erysipelas and hospital gangrene and the great reduction of incidence and mortality with the use of his "antiseptic system." In succeeding years he pursued the subject, with supporting experiments, introducing more bacteriology as the subject developed. In 1891 he wrote that *Staphylococcus pyogenes aureus* "seems to be the most frequent cause of suppuration in man." Later, discussing sterilization by disinfectants in 1893, Lord Lister wrote "The *Staphylococcus pyogenes aureus* —a very common cause of suppuration —is very resisting." Lord Lister's statements were made in the era of "laudable pus" and "hospital gangrene," when surgery was chiefly restricted by the danger of infection. It seems clearly evident that staphylococcus infections at that time were not only more abundant but were far more serious in character than those that are causing so much enquiry at the present time. One sentence from Professor S. D. Elek's recent excellent monograph on *Staphylococcus pyogenes* brings the matter starkly home:

The present generation, meeting *Staphylococcus pyogenes* mainly in minor infections, can scarcely realize the fear and respect our fathers must have had for this organism.

We may expect to have reliable figures for the prevailing incidence of staphylococcus infections through the enquiries that have been instituted, but for comparison with them we cannot hope for more than the impression of experienced observers over many years. It is therefore not possible to make a reliable estimate of whether or not staphylococcus infections have increased. Probably because it has always been so common and so diversified staphylococcus infection was never put on the list of notifiable diseases, though it may creep in occasionally under the guise of septicemia. Because the official standard of "classified Nomenclature of Diseases" is based on clinical entities and not on etiology, such of the many varied manifestations of staphylococcus infection as are officially recognized appear in the lists as so many different diseases, and on widely separated pages in the book. This unscientific procedure increases the difficulty of comparing the present with the past.

Except in certain forms of staphylococcal disease, such as terminal pneumonia and pyemia, the mortality rate is now low. Other bacterial infections, for example *Streptococcus pyogenes,* made themselves more urgently feared in the past and this led to a measure of clinical contempt for the staphylococcus. These other scourges of the past have proved amenable to control by the new antibacterial drugs, whereas the staphylococcus displays adaptability to withstand them. An outstanding feature of this adaptability is the derivation of strains exhibiting hereditable resistance to a selected antibiotic far beyond that observed in the parent strain and without apparent loss of infectivity. This appearance of resistant strains of staphylococcus is in large measure the cause of the prevailing disquiet.

There is no doubt that categories of "hospital strains" of staphylococcus exist. Their recognition is founded on the measure of their resistance to various antibiotics, with refinements in further differentation by "phage typing" and serology. It is not merely understandable — it is to be expected that the staphylococcus is to be found more abundantly present in a hospital than elsewhere, for the simple reason that the very purpose of a hospital is the accumulation of the sick for proper treatment. The proper treatment of infections today demands a discerning use of antibiotics. This in turn must set up a selective environment for the derivation of strains of staphylococcus resistant to the antibiotic used. Although operating to a lesser degree, and perhaps partly by dissemination, a gradually increasing occurrence of antibiotic-resistant staphylococci outside hospitals has been observed. Recognition of this general situation has imposed measures designed to minimize fresh production of resistant strains by the use of mixtures of antibacterial agents of different action, as well as stringent techniques and procedures to eliminate the opportunities for cross infection.

The staphylococcus may properly be recognized as a commensal of humanity. Babies are found to become carriers within a matter of days after birth. Mere presence of the organism does not mean there is also disease, for there is a definite distinction between contamination and development of a pathological process. This condition is abundantly clear even in wounds which could but often do not progress to suppuration. The most certain mode of transmission of organisms, of proven pathogenicity, is from a declared case which either produces more cases or more carriers of pathogens. Thus, the chance of developing infection is greatest in hospital where such cases are congregated. In addition, though less frequently, sources of infection have been traced not only to carriers on the hospital staff but to the patients themselves as carriers. The significance of carriers is beset with many uncertainties and qualifications and becomes pointedly alarming when the carrier develops a lesion, however slight.

The carrier state is markedly dependent on the individual. A person may be by nature a permanent or an intermittent carrier or may remain persistently free. So there are found fluctuations in the rate and in the duration of the carrier state. There also seems to be an excluding antagonism between races or types of staphylococcus with the result that a carrier very rarely harbors more than one of these. The interpretation of the influence of carriers on the incidence of disease is not simple and it introduces serious worries for hospital administrators. There is no uniformity of opinion that effective control of carriers would control incidence of infection, but the contention is supported by a few instances and it cannot be neglected.

Environmental ubiquity of staphylococcus has instigated elaborate examination of every sort and kind of equipment, facility, procedure and amenity proper to hospitals. These have been considered in relation to requirements of special services and functions, to care of patients of every category, to utilities, laundering, cleaning, disposal of waste — in fact, to every activity within a hospital. Trials are being made with bacteriological control to devise means of perfecting the elimination of cross infection. This is no light undertaking for it involves the cooperation of the entire staff of a hospital and requires much re-education, explanation and regulation. Obviously it cannot all be carried out at once in any one institution so particular features are distributed where most suitable facilities for it are available. However anxious we may be to find solutions, qualified personnel, time, trouble, and expense are determinants.

The manifestations of staphylococcal disease shows every variation from the most indolent little superficial pustule to the most rapidly fatal fulminant septicemia. This determines the number of named clinical entities which are caused by the staphylococcus, which clearly indicates that a complexity of processes is involved. Although the staphylococcus displays an array of toxins, enzymes, antigens, physiological processes, and other recognized characters, none of these, singly or collectively, of themselves accounts for the initiation of infection. In fact, the dose of advantageously selected staphylococci required to produce a purulent lesion in the human skin by injection is far beyond what could be encountered in ordinary life. It is also pertinent that no satisfactory method has yet been devised to measure convincingly what might be considered intrinsic virulence of strains of staphylococcus. Dubos has pointed out it is "extremely difficult to define a strain in terms of its pathogenic potentialities." Nevertheless, much of the pathology of the stages and forms of the clinical disease is explicable in terms of the products and actions of the staphylococcus once it has invaded and grown in the patient's tissues.

Initiation of disease with contamination can be accomplished experimentally with the aid of trauma, an imbedded foreign body, focal ischemia and the like which, after all, do resemble the suppuration of wounds, burns and other human lesions that can be regarded as special circumstances. To account for spontaneous disease without apparent adventitious aids, observations on individual cases and analysis of series of cases have been made. Susceptibility and resistance are attributed to constitutional factors that are individual, but there are indications that nutritional disturbances and debilitating diseases contribute to lowering resistance. There is, too, a measure of relation to age groups: young children, the ages of puberty and adolescence in contrast to adults. These considerations have an importance in the prevention of hospital infections since patients of all ages are there because they are already sick and therefore may be more susceptible. This circumstance obviously requires that the most stringent precautions be enforced to eliminate any ways by which bacteria may be transferred and to minimize environmental contamination.

Experience with every kind of infectious disease teaches us that the host factors are of immense importance, not only in questions of susceptibility and resistance, but to the characteristics of type, degree and outcome. This is no doubt true of staphylococcic infections but the potentialities of this resilient organism must not be lightly dismissed because we do not know how to measure all of them. Strains have been found that will produce typical pyemia on intravenous injection into rabbits while most other strains fail to do so. Superimposed outbreaks have also been described in carefully observed institutions that could justifiably be attributed to the introduction of a staphylococcus "strain of more than ordinary virulence." Such observations warn against too hasty judgments.

Start where you will on the problem there is no lack of points at issue. There are few persons on the staff of a hospital who cannot make some contribution towards its solution. Suggestions of the highest value do not necessarily come from the most elaborate and expensive experiments, but constructive ideas do develop from acute appreciation of happenings and from piecing together of accurate observations.

Hospital infections do occur. There is evidence of an increase in some places. Certain incidents have given just cause for alarm and the staphylococcus has taken a leading part in showing us that revision of practice and procedures, in the light of advancing knowledge, must be constantly undertaken to maintain the proud service hospitals have given the sick.

I do not believe we should fear *Staphylococcus pyogenes,* but I am perfectly sure we must respect it.

Staphylococcal Infection

Mary Southern-Holt, M.B., CH.B., D.C.H.

Introduction

"In the early days of the antibiotic era when it appeared that the problem of (certain) infectious diseases had been forever solved, an occasional voice was heard predicting the possibility that as a result of the use of these antibiotics a new breed of organism would result which would be resistant to the so-called wonder drugs. The prediction has proved to be correct for both gram-positive and gram-negative organisms.

At the present time, the most significant problem with antibiotic resistant organisms is that of Micrococcus *pyogenes* var. *aureus* (hereafter referred to as Staphylococcus *aureus)*.",[1]

It would be difficult to estimate the true extent of the problem. The present-day prevalence of the subject in the medical literature indicates an increasing incidence and awareness of the difficulties presented by resistant bacteria, particularly of Staphylococcus *aureus.*

Both the hospital and community aspects of the subject are well worth thought and consideration. Much still remains in the field of speculation but it seems certain that infections due to resistant organisms in our antibiotic saturated hospital, and even non-hospital, society are probably with us for an unforeseeable length of time.

Guide to the Literature

A useful guide to the quite formidable amount of literature which has accumulated on the subject in recent years is the bibliography on staphylococcal infection covering the years 1952-May 1958, and in the supplement June - August 1958, by the Reference Division of the National Library of Medicine.[2]

To facilitate the finding of material of special interest to the reader a capital letter is placed at the side of each entry indicating the nature of its main content.

Thus H — Staphylococcal infection in hospitals; epidemiological studies, occurrence, prevention.

C — Staphylococcal infection in the home, school, community.

S — Case or cases caused by antibiotic sensitive or resistant staphylococci.

Dr. Southern-Holt is Director, Maternal and Child Health for the Province of New Brunswick.

[1] "Bacteriologic and clinical experiences and the methods of control of hospital infections due to antibiotic resistant staphylococci." H. Taylor Caswell, Kenneth Schreck et al *Surgery, Gynal and Obstets.* 106:1 Jan. 1958.

Recommendations

Many have been the observations and recommendations emanating from professional organizations during the last year or so.

In February 1958, for instance, the Committee of Fetus and Newborn of the American Academy of Pediatrics prepared, with the assistance of a Committee on the Control of Infectious Diseases, a special report on staphylococcal infections in the newborn. They wished to draw attention to the facts, *et alia,* that:

> There is a high carrier rate of antibiotic strains of staphylococcus in hospital personnel and in long term patients.
>
> The chance for development of staphylococcal infection in a hospital is greatly increased in individuals who have decreased resistance to infection in general.

The report continues:

> It is apparent from the above that infants in newborn nurseries are in particular jeopardy . . . A specific type of staphylococcus is usually found to predominate in the cultures from lesions and is usually present in high incidence in the noses of babies, nurses, and attendants and may be found in the air, dust or on furniture of the nurseries.

Studies show that infection comes mainly from the hospital environment in these cases and not from the mothers.

The following paragraph from the same source is of the utmost importance.

> *Of great significance is the fact that newborn infants may not develop their infections for several days to weeks after they have returned home. This demands that close surveillance of newborn infants be continued after discharge from the hospital.*

They recommended that all hospitals should establish a committee for the Control of Cross-Infection which would be empowered to make and enforce recommendations for the prevention, investigation and control of staphylococcal and any other type of infections in the hospital population. They also consider that an outbreak of staphylococcal infection in a nursery should be followed immediately by culturing lesions of affected babies, noses of all other infants and all staff personnel.

Similar recommendations on the formation of committees were made by the American Hospital Association in May, 1958 and appeared in the Bulletin of the Joint Commission on Accreditation of Hospitals, August, 1958, of which member organizations included, at the time of issue, the American and Canadian Medical Associations.

New Brunswick

In New Brunswick within the Department of Health and Social Services at least three divisions are particularly interested, and work in close association in the field of cross-infection control. These are: The Division of Provincial Laboratories, the Division of Maternal and Child Health and the Division of Communicable Disease Control. Early in 1958 directors of each of these three divisions met to discuss common problems of staphylococcal control and to define more clearly divisional services and functions.

The Laboratory Services were already carrying out hospital surveys and all three directors or their deputies, and the district medical health officers had already acted as consultants in community and hospital situations.

Courses in Cross-Infection Control

The Division of Maternal and Child Health undertook, in addition, to sponsor courses in cross-infection control for those most likely to be practically concerned with the problem in the hospital situation.

At that time Hospital Cross-infection Committees were gradually increasing in numbers and it was thought that some members of existing committees might wish to receive special training, and that in hospitals where there was no committee the sending of doctors or nurses to short courses might stimulate interest, provide information and thus be of even more value.

Enquiries were not successful in locating courses exactly of the sort

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2. Bacteriologic and Clinical experiences — OP. cit. U.S. Department of Health, Education and Welfare, Public Health Service, Washington D.C., June 1958.

envisaged but during a visit to the Children's Hospital in Montreal, in April 1958, information was gathered on a four-week course for nurses which had recently been introduced. This course hoped:

1. To interpret to a selected group of graduate nurses, the present day concept of microbiology and to present methods of prevention and control of infection in giving institutional care to infants and children.
2. To help to create an appreciation of individual responsibility in knowing these mehods and interpreting to others the need for protective barriers throughout the institutional environment.

Eight nurses took, in 1958, this four-week course which has since been shortened to three weeks.

It was suggested to the director of the hospital that a shorter two-day course and discussion group for physicians should be organized. The idea was accepted and a few months later twelve New Brunswick physicians took the first of these courses.

The subject might sound dull and rather special but members of the group found their interest sustained to the last moment. On their return to the province nearly all who were not previously serving on committees, stimulated the formation of committees or joined ones already existing.

The third stage of the plan is to organize, in New Brunswick itself, a week's institute for hospital housekeepers. This will probably take place during the early autumn in the Moncton Hospital. Dr. A. M. Clarke, the executive director, and his staff have given much thought to the preparation of this course which will deal thoroughly with all aspects of housekeeping contributing to prevention and control of cross-infections in the hospital situation.

It is envisaged that these three courses will be repeated annually or bi-annually as long as they serve a need.

Financial assistance to selected candidates may be provided through the Professional Training Grants of the Maternal and Child Health Grant.

Home visits to newborns

Follow-up visits to infants leaving hospital are carried out in this province mainly by public health and Victorian Order nurses. In the past there has been some reporting, not on a compulsory basis, of cases of suspected staphylococcal infection. District medical health officers have this year been following these reports even more closely and monthly reporting to the Maternal and Child Health Division started recently.

Nurses carrying out newborn visits have been advised of the procedures which seem practical to undertake for the prevention of spread of infection. This has included the issuing to nurses of hexachlorophene for handwashing before and after handling each infant.

Lectures on community aspects of staphylococcal infection control were given at the last annual meeting of public health nurses in Fredericton and attention was drawn to the recommendations made by the American Academy of Pediatrics in their bulletin of March, 1958, "Suggestion for Control of Staphylococcal Infections in Newborn Nurseries." This pamphlet, despite its reference to newborn nurseries, contains practical information and suggestions.

Many are the methods which must be used in the investigation, prevention and control of cross-infections, particularly of the ubiquitous staphylococcus. This brief introduction has indicated one or two only of the paths being followed in New Brunswick.

Points have been omitted which might seem more important than some covered but mention has been made here of certain aspects which perhaps are less frequently considered, or at any rate do not appear too regularly in the literature, particularly the organizing and sponsoring of integrated courses for different members of the hospital cross-infection control team.

I have gout, asthma, and seven other maladies, but am otherwise very well.
— SYDNEY SMITH

Eighty-four per cent of the immigrants who arrived in Canada during 1958 were under 40 years of age. — *Citizenship Items*

Staphylococcal Diseases in Infancy

BARBARA ROBINSON, M.D.

STAPHYLOCOCCAL infections have assumed greater clinical significance in recent years as a result of increased resistance to antibiotic therapy. Whereas 10 years ago only 10 to 15 per cent of staphylococci recovered from patients in hospitals were penicillin resistant, recent studies have reported an incidence of 80 per cent.

Staphylococci are quite easily recognized in the laboratory by smear and culture but subclassification of the many pathologic strains is more complicated. Staphylococci are now classified as a group with the genus micrococcus, with Micrococcus *pyogenes albus* (Staphylococcus *albus)* and Micrococcus *pyogenes aureus* (Staphylococcus *aureus)* being the most common species. Most of the staphylococci recovered from human lesions belong to the *aureus* species although at times *albus* and, rarely, *citreus* and other species have been recovered from mild infections. Pathogenic strains of staphylococci often produce a plasma (clotting enzyme), called coagulase. Since coagulase, with occasional exceptions, is produced only by disease-producing strains, testing for this substance is usually routine. So an organism reported to be "Coagulase positive" must be considered pathogenic. "Phage typing" is done in some laboratories as a further method of classifying the various strains of Micrococcus *pyogenes.*

The staphylococcal diseases are a group of clinically different conditions. They include skin infections (pyoderma or pustular dermatitis, boils, styes, impetigo), breast abscesses, staphylococcal pneumonia, bacteremia with resulting disseminated infection throughout the body (meningitis, osteomyelitis, multiple pyemic abscesses).

The skin of the newborn infant is usually intact unless damaged by trauma. Within a few minutes or hours of birth the skin begins to react to the stimuli of its new environment — solutions applied to the skin, materials in the clothing, chemicals and soap used to clean the clothing. Skin reactions commonly seen are generalized erythema, urticarial wheals, papular urticaria, milia, sudamina (clear vesicles). Occasionally, sterile pustules, (2 to 4 mm. in diameter) may occur anywhere on the body surface. It is important to distinguish all of these from the lesions of true pyoderma — pustules caused by staphylococcal infection of the skin.

Breast abscesses in nursing mothers have occurred in virtually every epidemic of pyoderma in the newborn nursery. Some infants and mothers have had no signs of infection while in hospital but evidence of infection appears soon after they are discharged. Control of these currently increasing epidemics would be aided by making all staphylococcal infections in very young infants and breast abscesses in nursing mothers, reportable diseases.

Primary staphylococcal pneumonia and empyema in infants presents a typical clinical picture. It may be fulminating and lead to death in one or two days. In the common, less fulminating types, multiple tiny abscesses tend to form in the lungs leading to empyema pneumothorax and pneumatoceles. Staphylococcus is identified in throat cultures, cultures obtained from pleural fluid, or from blood cultures. The disease runs a protracted course often requiring surgical drainage of the chest — the average length of hospitalization is three to six weeks.

When the staphylococcal organism gains entrance to the body through the skin or the respiratory tract, bacteremia may occur with dissemination of the infection throughout the body and the subsequent formation of pyemic abscesses in any organ of the body (bone, kidney, liver, spleen, brain).

Treatment

It is fundamental that cultures

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should be taken in any suspect cases so that the organism can be tested for sensitivity to the various available drugs. In this way the most effective combination of drugs can be used in each particular infection. Until the organism is shown to be resistant to penicillin this drug may be used in high dosage. Erythromycin, Chloramphenicol, Novobiocin appear to be the drugs of choice at the present time. Bacitracin and Neomycin are often effective against the organism when used locally. Germicidal solutions, particularly of the hexachlorophene-containing variety, are useful for cleansing the skin and also for reducing the contamination of clothing, furniture, blankets and mattresses. Adequate surgical drainage is often necessary before an infection can be controlled. Staphylococcal toxoid inoculations may be used in subacute, chronic or recurring staphylococcal infections. In treating very sick patients staphylococcal antitoxin often is justified.

The Control of Staphylococcal Infections

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Nursing personnel in the various hospital departments have a very important role to play in the struggle against injurious effects of bacteria. Although infinitesimally small and invisible to the naked eye, it is recognized that certain organisms are detrimental to the health of man and control of them calls for constant vigilance. Certain ones of a more virulent nature and with greater resistance to control measures constitute a threat to the normal body resistance of individuals. These must be brought under control. In actual fact, the most formidable would appear to be the staphylococcus and control calls for concerted and persevering effort.

The hospital committee on infections, as suggested by the American College of Surgeons, is set up to study and investigate causes as well as sources of active infection. The committee formulates techniques and directives designed to prevent or arrest infection. But what use are directives and techniques if the individual fails to understand the importance of them or does not put them into practice?

To overcome this difficulty, it is absolutely essential to create an awareness within the ranks of the nursing personnel of the existence of the microorganisms. (We all really know about them but isn't memory sometimes the art of forgetting?) Then they must be informed concerning the natural habitat of various organisms, degree of virulence, means of contamination by direct contact, e.g. carriers, or by indirect contact, e.g. objects, and the diseases caused. Techniques related to asepsis and antisepsis must be reviewed. When we take into consideration the fact that nursing personnel is made up of a number of categories -- some with an understanding of microbiology, others with none — it is obvious that such instruction is a necessity. The time spent in discussion or in demonstration is not lost. On the contrary each person within her own sphere — the professional nurse, the student nurse or the nursing auxiliary — as she reviews previous findings or examines new information should become more deeply convinced of the importance of asepsis and, as a result, will cooperate more freely in putting prophylactic or curative measures into effect.

As part of the teaching program, the elementary principles of hygiene and general cleanliness cannot be over-emphasized. Soap and water washing is a good antiseptic that should be used frequently. Everyone should be reminded that poorly washed hands, long, grubby fingernails, jewelry, clothing worn from home to hospital and diag-

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nostic instruments can often serve as carriers for pathogens.

Let me give you one example out of many. In one hospital with a large student body, the nurse in charge of the health service noted that a number of girls were suffering from ear infections. Investigation pointed to the use of the stethoscope in practice sessions and, as a matter of fact, when the ear pieces of the instrument were disinfected each time after use, the infection cleared up.

Before attempting to *cure* infections, we should see about *preventing* them among hospital personnel as well as among the patients. Conscientious personal hygiene should be a prerequisite for everyone: absolute cleanliness, adequate nutrition, clothing appropriate to the weather as well as to the type of work, enough sleep, recreation etc. If, in spite of all this, an infection occurs, a doctor should be consulted. He will institute treatment, compel infected persons to look after themselves and perhaps stay off duty temporarily which would kill two birds with one stone — speed up healing and protect others.

Where hospitalized patients are involved, individual isolation is recommended. If this proves impossible through lack of rooms then it is suggested that infected patients may be grouped in a room, limiting the number to avoid crowding, where each person can have his own personal belongings — wash basin, glass, soap, towels etc. Equiment should be autoclaved when the patient is discharged. If sterilization is not possible, careful disinfection should be carried out. Where possible, disposable articles can be used to advantage.

In caring for infected patients, nursing personal as well as doctors should wear a special gown which is discarded upon leaving the isolation unit. Washing the hands for at least one minute before examining or treating the patient is advisable. Wearing gloves and a mask is required for all changes of dressings. After contact with the patient, the hands should be washed for at least two minutes. Contaminated linen should be collected in a specially labelled bag and if at all possible, it should be autoclaved before laundering. Furniture and floors should be washed with detergent daily and after the discharge of each patient.

This technique also requires that mattress and pillows should be completely encased in a protective cover and that this cover and any woollen blankets should be sterilized or washed. Repeated washings cause less deterioration of fibres than sterilization.

Traffic into and out of isolated areas must be reduced to a minimum. Non-infected patients should not be permitted to enter. Infected patients should not leave the isolated areas and the portable telephone must be disinfected after each use. Personnel assigned to the care of these patients should avoid contact with other patients. The number of visitors should be limited to two persons.

All these precautions may seem exaggerated especially to those who must either submit to them or carry them out. However when we take into consideration that the staphylococcus is capable of causing infections that vary extensively as to severity and location, it seems only good sense to use every means at our disposal for protection.

Since this struggle against infection goes on continually, aseptic techniques must be checked with equal constancy. The efforts of all staff members should be directed towards this end. Head nurses, assistants and clinical instructors should combine forces to help the supervisor who should not be expected to take the full responsibility. Unrelenting vigilance is necessary to achieve results. A conference of the persons previously indicated is necessary particularly when the weekly report on infection is presented. This report should be submitted regularly to the Committee on Infections even if there are no cases to present. The entire problem can be considered and discussed, minor infractions of technique reviewed, and techniques revised in accordance with aseptic requirements. All this will help to develop an attitude of constant watchfulness.

To achieve control of infection, equipment needed for patient care must be on hand in quantity and personnel must be persevering in their efforts. A unit for contagious conditions should be set up in a specific area of the hospital and should be staffed by nurses specially trained in this field. It may be considered advisable to reserve rooms for this purpose in other areas of the hospital as well, with personnel rotating at regular intervals. In a hospital with a school of nursing each student would have an opportunity to put what she has learned in the classroom or from clinical teaching into effect as regards this specific problem. Modern building designs allow for adequate patient space with utility rooms divided into two sections — one for clean articles and one for contaminated articles — making it easy to put aseptic techniques into practice.

It is correct to say that the degree of care with which the department of nursing carries on the campaign to control staphylococcal infection will decide success or failure.

Prevention and Control of Cross-Infection in the Nursery of the Normal Newborn

PATRICIA ZWICKER

PREVENTION and control of cross-infection in the nursery is the responsibility of a number of individuals. The nursery staff shoulder the greatest responsibility as it is their duty to care for these new lives and keep them safe and well while they are in hospital. They must oversee and direct the duties of others who have responsibilities in this area, such as members of the housekeeping staff, laundry, maintenance workers, laboratory staff, visiting medical staff and any others who might have occasion to be present in this area at any time.

The nursery is the dwelling place for a number of days of a constant influx of new lives. These small bits of humanity, equipped only by nature to combat any disagreeing force, are placed in the nursery to be cared for until they are taken to their homes. It is the responsibility of those who care for these newborns to eliminate completely any dangers which might arise unnecessarily.

The nursery staff must be educated to the importance of absolute cleanliness. This must be stressed often and emphatically. The simple procedure of handwashing with a hexachlorophene - containing detergent is the most important of all measures to combat the spread of infection and should be performed frequently by those on duty in this area. The nurse must consider herself unclean after working with one baby and must wash thoroughly before beginning another task.

Not only must the nurse herself be ever alert and conscious of the importance of cleanliness in performing her duties, but she must realize the effectiveness of her personal cleanliness and state of health. This is of equal importance to others working in this area. The nurse has continuous opportunity to teach, to remind her associates of the importance of cleanliness and the requirement that they cooperate in carrying out the program to insure protection to these newborns.

In teaching co-workers, whether professional or non-professional, about the importance of prevention and control of cross-infection, nursing personnel must be continually educating all persons having duties in the department. Housekeeping personnel should be instructed as to general hygienic methods for cleanliness of person, clothing and equipment. To emphasize the importance of each one's carefulness, all must be acquainted with the nature of staphylococcal infection, its widespread occurrence and the manner of spread. Some simple methods of control to be stressed and enforced would include avoiding the use of

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handkerchiefs, doing a minimum of talking, laughing and coughing while in the nursery, and by minimizing unnecessary activity lessen undue traffic and moving about.

Those on duty in this area should realize fully their responsibilities in reporting any infection, however minor. Persons with infections should be relieved of duties until they are considered safe to return by a professional consultant.

The incidence of infections is dependent upon the efficiency of the techniques practised. To ensure safety among members of the staff, it is recommended that a general physical examination, x-ray of lungs and cultures of the stool and urine be done at the time of employment and regularly thereafter. Periodic physical and laboratory examinations should be performed not less than once yearly for these employees. Nose and throat cultures would be an important part of a physical examination for those employed in the nursery.

In the nursery, apart from cleanliness of the physical setup, and apart from the physical fitness of personnel, there are a number of other responsibilities in relation to procedures and duties.

Each baby is cared for in an individual unit. All articles used for one baby should be kept within its unit with the exception of certain apparatus used in examinations and these are sterilized or decontaminated before use on another baby. Terminal disinfection of the unit and its equipment is another protective procedure and must be carried out thoroughly before another baby is placed in the unit.

Disposable articles such as wipes, cotton swabs should be collected immediately in a container such as a paper bag and placed with outgoing refuse which should be collected in a covered container, adequately and regularly cleaned, and kept outside the main nursery.

Diapers require special attention. Seemingly the safest method of disposal is that diapers as received from an infant should be placed in a lined, covered container outside the nursery. These containers must be collected frequently, transported to the laundry where rinsing and washing is done according to competent laundry procedures and processes. Other soiled nursery linen should be placed similarly in covered containers outside the nursery, collected frequently and transported in hamper liners to laundry.

The modes of operation in nurseries vary with the physical setup and accommodations. Although we do not always have the ideal setup, we must utilize what we have in the safest and most practical way.

Spacing is another major concern. A minimum of 24 square feet per infant is required and it is desirable that 30 square feet be provided.

Another safety practice is that of arranging admissions to one unit until it is filled, then another, rotating admissions so that each unit is completely emptied before readmitting new infants to it.

To be fully effective, an infection control program requires full integration of individuals within the department and cooperation of all departments. The medical department will advise on necessary or special precautions. They can assist in the training program for other members of the staff who are eager to learn and apply their knowledge in the most beneficial manner. The nursing personnel must work in cooperation with the medical staff to strengthen the present defences and to prevent and control the spread of infection in a department and thus throughout the entire hospial.

What makes a real nurse? Is it the hours at the bedside or is it what she does there and how she does it? Can she still be a real nurse if she doesn't do the traditional pillow smoothing, bed making, temperature taking, and so on? If she is trained in technical skills and scientific observation, can she still be the sympathetic nurse of yesterday? These questions have all been answered, for we are learning (if we have not already learned) that our nurse of today measures up. To borrow a line from the poet: "the quality of mercy is not strained" by the nurse's adoption of modern methods and techniques, and by her greater learning.

— *Canadian Hospital*

Prevention of Staphylococcal Infections in the Operating Room

HAZEL L. MACNEILL

WITH THE increasing occurrence of staphylococcal infections in hospitals, the need for preventive measures must be carefully considered. Operating room staff and auxiliary personnel are concerned with the problem of post-operative wound infections caused by the Staphylococcus *aureus*. Sepsis caused by this organism has increased steadily in recent years and may reach serious proportions unless the problem is understood and corrective measures adopted.

Sources of exposure to staphylococci are the carrier and the actively infected individual. Hospital staff, auxiliary personnel or any healthy person from whom the organism may be isolated from the nose, throat or skin qualify as carriers. We must also consider the patient who harbors staphylococci in his nasopharynx or on his skin. Staff members and other personnel with open suppurative lesions in addition to patients with postoperative wound sepsis, cutaneous or respiratory lesions qualify as sources in the actively infected class.

In nursing, the patient is the centre of our concern. We try to meet his physical, psychological and spiritual needs as an individual. Let us consider the patient for whom surgery results in an infected wound. This naturally means a longer hospitalization period, greater expense, and the possible need for further anesthesia and surgery. We can not ignore the fact that infections can be fatal. The infected patient may find himself with a much more serious condition than the one for which he was originally admitted.

Architecture and Antisepsis

The architectural design of an operating room may affect the rate of postoperative wound infections. Dressing rooms for doctors, nurses and auxiliary personnel should be located a considerable distance from the main suite. It is advantageous to have the operating units, sterilizing rooms and scrub-up sinks separated from the common corridor. Any person who enters should be properly attired in full operating room dress. The principles of aseptic technique will be much easier to carry out if the sterilizing rooms and scrub-up units are situated between the theatres. This makes it possible for the scrubbed members of the team and the personnel who are transporting sterile articles to the theatres to avoid passing through the corridor which has the highest degree of air contamination. In some hospitals where these physical standards can not be met, the operating room supervisor must concentrate on determining the best technique to meet the individual situation.

Antiseptic Technique

Skin disinfection of the members of the surgical team and the patient must be carefully considered. Established scrubbing techniques must be adhered to conscientiously. It has been reported by Dr. Carl Walter in "Aseptic Treatment of Wounds" that hands having a bacterial flora of 3,000,000 were found to have a flora of 25,900,000 after gloves had been worn two hours and 40 minutes. It is imperative for the scrubbed members who go from one operation to another to scrub at least three to five minutes in between cases in order to reduce this bacterial count. In some hospitals the infection rate was found to have decreased after the routine 10-minute scrub was used to prepare the operative site on the patient. This is performed in the operating room by the surgeon and his assistant after they have scrubbed and donned sterile gloves. As a final step the skin is painted with an antiseptic solution. Following this, the surgeon and assistant put on fresh operating

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room gowns and sterile gloves.

The conduct and attire of the surgical team is an important factor. Operating room dress (scrub dresses and suits) should be worn *only* in the operating room. This helps to prevent the possibility of carrying bacteria from other parts of the hospital to the surgical suite. Masks *must* cover the nose and mouth and should be changed every two or three hours and between operations. Clean footwear is also essential. Receptacles placed inside the doors of the main unit provide for relatively safe disposal of caps, masks and scrub boots after use. Since masks may be highly contaminated by organisms from the nose and throat, they should be handled only by the strings after use. Regular throat cultures of the operating room personnel and the staff is of value in prevention of infection.

Septic case technique must assure patient safety. This procedure will vary according to the physical set-up of the individual operating room suite. Special precautions must be observed in the laundry when handling contaminated linen. Laundry technique must be checked and revised as necessary.

Sterilization

Thermal sterilization procedure must be standardized. Autoclaves should have periodic maintenance inspection to assure proper working order. Nonpathogenic spore ampoules or strips are valuable for this purpose. The storage room for sterile supplies should be located in an area of the operating room that is remote from traffic. Articles to be stored should be dated at the time of sterilization and resterilized at one month intervals. Anyone who enters this room should wear a mask.

Housekeeping

The role played by the housekeeping department is an important one. It is the responsibility of the operating room supervisor to see that personnel employed in this department are taught the various procedures that they are called upon to perform. Brooms are a hazard. Wet mopping with an approved detergent germicide should be used instead of dry mopping. Housekeeping methods should be standardized, reviewed frequently and improved where necessary.

It is advisable to have air conditioning and ventilating units checked periodically to maintain them in good working order. Air-borne contamination should not be seized upon as the immediate cause of postoperative sepsis but should be considered as a possible major factor.

Conclusion

In dealing with the prevention of infections many hospitals have a Committee on Infection Control. The membership of this committee may include the hospital administrator, the chief of surgery, two or more members of the surgical staff, the bacteriologist, the director of nursing service, the operating room supervisor, executive housekeeper and chief engineer. This committee directs its attention to the control of cross-infection generally.

The operating room staff must be completely aware of the seriousness of this problem. Efforts must be directed toward keeping aseptic technique at the highest level. Teaching is a continuous process. Inservice teaching programs to provide "on the job" training are essential. It might well be said that asepsis is a chain which is as strong as its weakest link.

For me no idea or argument is completed until it is written out. Clarity of thought may come only with a second or third draft. Even then, I am unhappy until the argument is expressed in the smoothest, simplest style that I can command. The writing becomes a project in itself. Simplicity in thinking and simplicity in writing are close kin. Simplicity in writers and in scientists is what I most admire.

— DR. WILDER PENFIELD

Paradoxical though it may seem, society as a whole must come to the aid of the individual — finding ways to identify him as a unique person, and to place him alongside his fellow men in ways which will not inhibit or destroy his individuality. By its educational system, its public and private institutional practices, and by its attitude toward the creative person, a free society can actively insure its own constant invigoration.

— *Rockefeller Report on Education*

The Problem of Staphylococci in the Operating Room and Central Supply Room

MERLE SMITH, B.N.

EVERYONE in the hospital hierarchy must accept the premise that staphylococci abound everywhere. This is an attempt to state the problem as it exists in operating rooms and central supply rooms, and to suggest some methods for the control of the "golden cocci."

As part of the organization of the hospital staff there is likely to be a number of committees.

1. **Operating Room or Surgical committee**

Its members may be the chief of surgery, chief of anesthesia, chief of the resident staff, the O.R. supervisor and her assistant, the record librarian, the director of nurses and the hospital administrator.

The operating room supervisor's role is that of a specialist. She is responsible, not to *one* body of authorities but to two, the administration of the hospital and the medical staff. Because of this dual responsibility there may be failure on the part of either administration or doctors to recognize her as a specialist in her department.

The administration in conjunction with the medical staff should determine by definite policies the framework within which the supervisor must work. Once her area of authority has been clearly defined then both the administration and the doctors should honor it. The hospital administrator, the director of nursing and the doctors should support the supervisor completely. The supervisor should have a broad scope of authority within which to operate her department.

2. **Infections Committee**

At present such a committee is not required by the Joint Hospital Accreditation Board. This committee or a similar group has been formed in some hospitals to help investigate the staphylococcus problem. Unfortunately nursing is represented in very few instances. I cannot see how continuity can be maintained unless a qualified nurse with a knowledge of aseptic techniques is present as nurse consultant and is available to take some responsibility for teaching hospital personnel.

The Infections Committee must have the cooperation of everyone in order to deal with the problem successfully, All hospital personnel must be checked as they go about their daily routine and must join forces in the bacteriological war.

The following factors must be considered in arriving at methods of control of infection within the operating room:

1. *Does the Operating Room floor plan allow for the recommended 3-zone area?*

   1. A non-restricted area
   2. An interchange or semi-restricted area
      a. Where certain operating room attire must be worn.
      b. Where the reception of the surgical patient is preferably by O.R. stretcher bed.
      It is to this area that the patient will be transferred first for surgery. Soiled dressings, and casts should be removed here.
   3. Restricted area
      The O.R. supervisor has complete authority here over traffic.

2. *Has the hospital posted rules and regulations for the operating room and anesthetic department?*

The Operating Room Committee in collaboration with the Infections Committee should draw up rules and regulations to be enforced in the surgical suite. The chief of surgery and chief resident of surgery, the chief of anesthesiology and others should cooperate

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with the O.R. supervisor to see that all personnel under his or her jurisdiction fulfil the requirements.

Some suggestions to follow are:

a. The operating room staff plus visiting surgeons, pathologists, photographers, radiologists, etc. should adhere to the rule regarding change of attire — the use of O.R. suits, boot covers, caps and masks. Masks should cover the nose and mouth. They should be changed between cases and should not be worn hanging about the chin. Caps should cover the hair completely.

Dr. Carl Walter suggests that the pathologist is perhaps the most heavily contaminated member because he visits both autopsy and operating room areas. Consequently he should observe technique with particular care. Traffic from other hospital personnel should be discouraged.

b. No person suffering from respiratory or skin infections should enter the operating room. It is preferable to have infected patients posted for surgery follow at the close of the general operating list and to have them confined to the septic theatre. This theatre must then receive special decontamination by O.R. and housekeeping personnel.

c. Conversation should be kept to a minimum. How many times have we stood at the scrub-sink preparing for an operation while we discussed the trend of the stock market or the lines of this year's cars? Have we really scrubbed? How much contamination through extra conversation has saturated the already inefficient face mask? *The Modern Hospital,* December 1958 issue reported that in an air study done on one occasion while the surgeon was present and after his retirement from the theatre, his gregarious houseman, "the clown," raised the bacterial count from 20-60%!

d. Anesthetists who enter the contaminated theatre should put on boot covers and an extra gown that must be removed before leaving the theatre.

e. A study should be done to determine if the anesthetists have endeavored to prevent the transmission of organisms. Have the endotracheal tubes, hose and re-breathing bag been decontaminated between patients? Has the anesthetic been administered in such a way as to prevent heavy breathing, spluttering and coughing? In the case of a known infected person has an anesthetic been employed which will permit the patient to return to his own room rather than remain in the recovery room? Has the recovery room a single totally enclosed area for contaminated cases?

3. *Should the O.R. have bacteriological studies done?*

A. Personnel — There is some controversy as to whether all O.R. personnel should have nose and skin cultures done routinely. Studies show that 80 per cent of hospital personnel carry staphylococci where studies have been done in epidemic areas. I have already stated that rules and regulations should not allow infected persons into the surgical suite. How then will the operating room function? It would seem that cultures should be done at regular intervals and the reports sent to the O.R. supervisor and chief of surgery. These two persons should tactfully notify all personnel of their "carrier" tendencies. Such "permanent carriers" should be permitted consultation through the hospital Health Clinic and appropriate treatment should be prescribed for the individual case.

B. *Operating Room Suite*

Theatres and corridors should have air sampling done at intervals to determine the degree of contamination. A housekeeping routine should be established for handling equipment between operations and terminal cleaning at the close of the operative day with a germicidal detergent that does not affect the conductivity of the floor.

4. *How is the soiled linen handled?*

Every theatre and other specified areas should have a regular laundry bag with a mesh bag inside it. Soiled linen should be placed in this mesh bag and tied. The outer bag is tied before being transported to the laundry. Contaminated linen from the septic theatre should be placed in marked bags. All mesh bags are placed into the washers with tongs, the outer bags are washed also. Under proper laundering conditions operating room linen would be disinfected before it reaches the Central Supply Room. This is done by a "superpasteurization" method with sweet and sour rinses.

5. *What are depots?*

Depots are the inanimate objects and materials on which and in which staphylococci may live. Bacteria may build up to dangerous levels if methods for their destruction are not put into effect.

a. Floors — terrazo conductive flooring with unsealed joints or conductive tile floors with loose tiles are harborers of bacteria. These floors need preventive maintenance. Care should be taken when transporting heavy pieces of equipment.

b. Cabinets, if required in theatres, anesthetic machines and lights should have smooth outer surfaces. These surfaces should be washed with germicidal detergents.

c. Blankets should be washable and should be stored in decontaminated warming cabinets.

d. Mattresses and pillows should be covered with conductive rubber that can be thoroughly washed with germicidal detergent. It is preferable for this reason to use O.R. stretchers to transport the patient from the ward to the surgical suite and to have him accompanied by O.R. personnel. This reduces the possibility of transfer of bacteria from the patient's bed.

e. Scrub-sinks — The trough type is the one of choice, made of stainless steel with knee taps, foot dispensers for soap, scrub brush dispensers, an adequate supply of nail files and a clock. It might be mentioned here that many hospitals in Canada and south of the border are returning to the 8-10 minutes scrub in addition to the use of hexachlorophene soap preparations.

f. Equipment such as kick buckets, the base of operating tables, linen hampers and suction bottle holders should be washed well with a germicidal detergent.

g. Positive pressure air-conditioning units should have dust filters. The lowered temperatures and humidity control will prevent excessive perspiration in personnel. In grossly contaminated areas germicidal aerosols are advantageous.

h. Glove powder dust should be kept to a minimum. The gloving procedure should take place as close to the air intake area as possible.

6. *Instruments*

All used instruments should be washed in a pressure washer-sterilizer with a detergent suitable to the local water conditions. Ultrasonic washing must not be confused with the pressure washer. It is hoped that there will be on the market in the near future, an automatic machine which will sterilize and cleanse the instruments ultrasonically in one operation.

7. *Who is the most important person in the Operating Room?*

All will agree that it is the patient. Most of the discussion up to this point has involved the patient indirectly. A factor that should not be forgotten is the skin preparation.

a. It has been suggested that the surgeon should advise the patient to bathe nightly for at least 3 or 4 days prior to operation, and to wash the operative site with extra care. The newer bath soaps contain hexachlorophene. While there may be a slight question of skin sensitivity, dermatologists are now prescribing these soaps for skin care. However, whether the surgeon recommends bathing with hexachlorophene or other soap, such a routine would assure him that the patient had bathed at least once prior to surgery. If for some reason a tub bath is not advisable, then extra care should be taken at the time of the skin preparation.

b. One must also consider whether a large enough operative area has been prepared. Has the skin been dried before the final antiseptic has been applied? This point is important since there may be dilution of the antiseptic or a neutralizing effect by the cleansing agent.

Let us turn our attention for a few moments to the Central Supply Room. Supplies for the sterile field are of three types — textiles, solutions and instruments. In most hospitals, operating room instruments are prepared and sterilized in the surgical suite. Textiles and solutions are best prepared and sterilized in the Central Supply Room where the division of labor can be used to advantage. Lay persons trained and supervised in the details of packaging and wrapping supplies, or in the preparation of solutions accept their work as a great responsibility.

The administration required in this area is great. A Standardization Committee should be available to set up a. techniques, b. rigid control of supplies purchased so that there are adequate quantities available at all times, c. active supervision and maintenance of sterilizers so that this vital equipment is reliable.

To summarize:

1. The operating room supervisor should be given authority and cooperation.

2. Rules and regulations for the operating room and the anesthetic department should be posted and enforced.

3. Bacteriological studies of the personnel and the physical set-up should be done routinely.

4. Techniques for the care of soiled linen and other wastes should be standardized.

5. The operating room should have standardization of housekeeping methods in regard to decontamination between cases and at the close of the operating day.

6. Rules and regulations should be laid down for patient care in clean and infected cases.

7. There should be standardization of techniques for the Central Supply Room with regard to the size and shape of textiles to be packaged, the preparation and storage of solutions, packs etc.

8. There should be routine maintenance of autoclaves with twice-monthly bacteriological studies.

References

1. *Standards for Hospital Accreditation.* Chicago: Joint Commission on Accreditation of Hospitals, 1953.

2. *Modern Hospital,* December, 1958.

3. *Hospital Laundry: Manual of Operation.* Chicago: American Hospital Association, 1949.

What Will You Do With That Shorter Work Week?

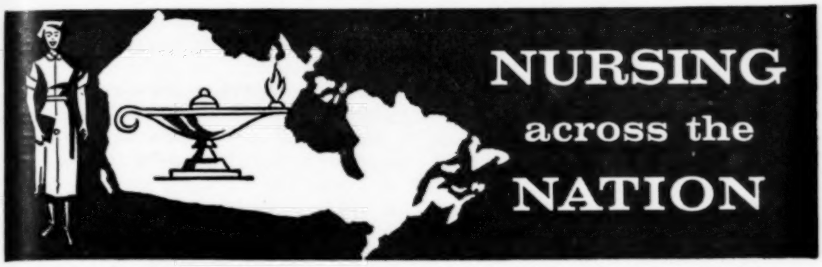
It seems inevitable, if life on this part of the planet continues to follow present trends, that hundreds of thousands of people will have more "leisure" time. But what will they do with it; what will we do?

An article in the *Kiplinger Magazine* "Changing Times" asks this question and makes some suggestions. Here are excerpts from it:

> Knowing leisure when you come across a moment of it is almost as hard as finding the moment in the first place.
>
> Leisure is time in which you do what you darned well please. In nicer language, a UNESCO group defined it as: Pursuits to which each can devote himself according to his inclination; outside the demands of his work, his family, and his society; for refreshment, diversion or personal enrichment.
>
> Free choice, without obligation and without the guilty feeling that what is fun is sinful, is the key to true leisure. If you think about it, that puts a lot of us — maybe most of us — in the spot of having lots of free time but very little leisure.
>
> Compulsion dictates so many of most people's offtime activities that little time is left for the things they really want to do . . . One such compulsion is the need to conform . . . Another is the urge to belong.
>
> Expect to be bored if you spend all your free time watching TV or building bookcases. Explore your world and your interests for anything that enlightens, relaxes, amuses, inspires or otherwise makes you a better person.
>
> Too often leisure activities cater only to the pleasures of the moment. They demand too little, they provide no lasting interest to bring the participant back and back again.
>
> At least some leisure-time doings should provide rewards similar to those received from useful and challenging work.
>
> Perhaps Americans (and many Canadians), with their Puritan background, need more than most people to forget their distrust of idleness and learn to relax without guilt feelings.
>
> Don't be afraid of the unplanned hour. Spontaneity and unforced effort are the very essence of leisure.

Know the difference between rules and principles. A principle is something inside you. A rule is an outward restriction. To obey a principle you have to use your mental and moral prowess; to obey a rule you have only to do what the rule says.

— THOMAS F. TYSON



NURSING across the NATION

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Home Care Expert to Visit

Plans are developing for the visit of Miss Eli Magnussen, Consultant in Nursing with the World Health Organization and Chief Nurse, Danish Ministry of Health, who will be in Ottawa in December.

Miss Magnussen has been invited to the United States to consult with the Public Health Service, Department of Health, Education and Welfare on home care and public health nursing.

While in Canada she will meet with government personnel, representatives of the Victorian Order of Nurses for Canada and the Canadian Nurses' Association. Her experience and knowledge of the operation of home care programs will be helpful to those concerned in the development of these services.

The CNA to Move

Those of you who were at the 50th Anniversary Meeting in Ottawa a year ago will remember the question of a CNA House being discussed. A committee was appointed to look into this.

At intervals in this column we have reported on progress to date. Now we report on the action to be taken as approved by our Executive Committee. Until such time as the CNA is in a position to purchase or build its own national headquarters, the office will be located in the new building of the Royal College of Physicians and Surgeons which has just recently been completed.

The CNA will rent space on the second floor of this attractive association building and will have the use of the Board Room and Committee Room for our Executive and Committee Meetings.

Ideally located near Ottawa's new City Hall, the Royal College Building is one which will provide adequate space and will lend itself to the efficient carrying out of CNA activities. You will hear much in the years to come of our plans for our own building. In the meantime watch this column for notice of our move and new address.

The Closing Phase

All major phases of the Pilot Project have been completed with the exception of the writing of the final report. The Special Sub-Committee of the Pilot Project met on June 29 to review the outline of the report prepared by the Director of the Pilot Project.

Since that time, the Director has been busily engaged in writing the final report, which will include an analysis of the findings in the 25 schools surveyed, as well as recommendations regarding a national program of accreditation of schools of nursing.

When completed, this report will be available to all nurses for study prior to the next biennial meeting in Halifax, in June 1960. At this meeting the membership will be asked to indicate their decision on a national accreditation program for schools of nursing.

Research Specialist to Assist at Institute

Miss Virginia Henderson, Research Associate, School of Nursing, Yale University will be one of the participants at the annual Institute for executive secretaries of National and Provincial nurses' organizations being held this month. The group will meet in Montreal during the week of September 14th. Two days will be devoted to general principles and methods of research.

U.N.B. School of Nursing

This month marks the opening of the University of New Brunswick's School of nursing in Fredericton.

To the personnel and to the first students we send best wishes for success in this new endeavor.

International Visitors

Among the many international visitors who have been our guests in recent months we have welcomed two who are editors of nursing journals.

Miss MARJORIE CONNOR of Melbourne, Australia and Mrs. MARGARET PICKARD of Wellington, New Zealand visited us during the summer months. Both were visitors to the office of *The Canadian Nurse* as well. Miss Connor is Executive Secretary of the State Professional Nurses' Association and Mrs. Pickard is Dominion Secretary of the New Zealand Registered Nurses' Association.

This opportunity for exchange of ideas and for development of an understanding of each other's work among member associations of the International Council of Nurses is appreciated by us all.

International Hospital Federation

At the general assembly of the International Hospital Federation held in Edinburgh last June, the CNA was represented by two nurses from the Royal Victoria Hospital, Montreal. Miss EILEEN FLANAGAN, Director of Nursing at the Neurological Institute and Miss HELENE LAMONT, Director of Nursing, Royal Victoria Hospital were in attendance.

In The Good Old Days

(*The Canadian Nurse* — SEPTEMBER, 1919)

Treatment of Seasickness: An American army surgeon, acting on the theory that seasickness is caused by the motion of the ship affecting the semicircular canals, the organ of equilibrium in the internal ear, tried packing the external ear canal with cotton. The cotton was pressed closely against the ear drums, relief being immediate as soon as the gauze was packed tightly enough to cause decided pressure against the ear drum. This remedy was effectual in a large number of cases.

* * *

Salt Water as a Preventive: The South African Institute for Medical Research reports favorable results from the use of salt water in an epidemic of influenza in Cape Town. It was applied by frequent and regular douching of the nasal and pharyngeal cavities. When systematically carried out it diminished the likelihood of infection by the lodgement of the influenza virus, or at least of modifying the dose of poison.

* * *

Infantile Scurvy: A French authority recommends that orange juice should be given regularly to all children fed on sterilized milk, as a preventive of scurvy.

* * *

A Poultice: Make the poultice in the usual manner and pour into a well-stitched bag, large enough to cover the desired surface. Sew up the opening securely and stitch on a wide bandage at one end. Place in position and cover with layers of muslin or oiled silk. Pass bandage around body to hold poultice in place, and pin securely.

* * *

Play in Childhood: It is stated that the child of elementary school age should spend at least two or three hours a day in play. The minimum time for play during the school day is thirty minutes. In one of the American training camps for soldiers it was found that 75 per cent of the men did not know how to play, and two hours a day was spent in organized play as part of their training.

Cuba which has an estimated population of 5,832,000 has a total of 1,922 professional nurses according to the latest available statistics. Of this number, 43 per cent or 826 are engaged in hospital work. Colombia with a population of 11,584,172 has an estimated total of 535 professional nurses, 60 of whom are in public health services (excluding industry.)

Nursing Profiles

Earlier this month **Eleanor Scott Graham** took up her official duties as assistant executive secretary to the RNABC. This appointment follows six years of duty with the World Health Organization in India where Miss Graham served first as nurse consultant and later as regional nursing adviser.

(Sherick)

ELEANOR S. GRAHAM

She is no stranger to the province of British Columbia. A graduate of the Vancouver General Hospital, U.B.C., and the University of Chicago from which she obtained her Master's degree, she was director of nursing at the Royal Columbian Hospital, New Westminster for several years before joining WHO. Much of her professional life has been spent in the public health field. After graduation Miss Graham worked with various health units in B.C. until she accepted an appointment as second assistant superintendent of the Victorian Order of Nurses for Canada. Later she was health instructor at the Metropolitan School of Nursing, Windsor, Ont. at the time of the experimental two-year program in nursing education.

Her rich background of experience will be a special asset in her present role. Her friends in Canada, and particularly in B.C. are pleased to have her back among them again.

The University of Western Ontario school of nursing has announced the appointment of **Marie Hudson** to the faculty. She is to assist in the development of educational programs and study projects which have been made possible by a W. K. Kellogg Foundation grant.

A graduate of Rochester General Hospital and with her B.Sc. from Columbia University, Miss Hudson became nursing arts instructor and later assistant to the director of nursing in her home hospital before going on to Syracuse University Hospital as assistant director and then director of nursing. Under her guidance the school became part of the school of nursing connected with Syracuse University.

MARIE E. HUDSON

In 1947, Miss Hudson returned to Rochester General Hospital to become director of nursing — a position she filled until 1953 when she accepted a similar appointment at the Hamilton General Hospitals. During the past few years, Miss Hudson has conducted a complete revision of the basic program in the H.G.H. school of nursing. She will bring to her new work a rich fund of knowledge and the enthusiastic interest that is characteristic of her approach to professional matters.

Helen M. Carpenter, the first vice-president of the Canadian Nurses' Association and assistant professor of the school of nursing, University of Toronto, has been

(Ballard & Jarrett)

HELEN M. CARPENTER

HOPE M. MACK

awarded the first Canadian Red Cross fellowship for graduate study in nursing. She has been granted leave of absence from her teaching duties to follow a program leading towards certification for her doctorate in education at Columbia University.

The decision by the national Red Cross Society to set up this particular fellowship dates back to the first Canadian Conference on Nursing which was held in Ottawa in 1957. On that occasion leaders in education, welfare, medicine and nursing emphasized the critical shortage of nurses in Canada with advanced training. One of the recommendations was that educational programs for nurses on the post-degree level should be established at one or more Canadian universities. Later the CNA went on record to urge the establishment of postgraduate degree work in one or more university schools of nursing in Canada.

Miss Carpenter, who is a graduate of Toronto General Hospital, obtained her diploma in public health nursing from the University of Toronto, her Bachelor of Science degree from Columbia University, and her Master of Public Health degree from Johns Hopkins School of Hygiene and Public Health. As the first Red Cross fellowship winner, she has accepted the responsibility of studying at the doctoral level to help achieve the underlying objective of the fund — graduate programs for Canadian nurses.

Hope (Munro) Mack has returned to the Nova Scotia Sanatorium, Kentville as director of nurses — a position that she had previously filled for 11 years, 1933-44. In the intervening years she has been successively, director of nursing at the Blanchard-Fraser Memorial Hospital, assistant superintendent and superintendent of nurses of the Verdun Protestant Hospital, and most recently instructor of nursing, Payzant Memorial Hospital, Windsor, N.S.

Mrs. Mack is editorial adviser to the *Journal* for her province. Nova Scotia nurses in particular are asked to note her change of position so that they may know where to reach her when submitting articles or other items for *Journal* use.

Courage is an essential of good government, because courage is necessary to change, to growth. When you want to eliminate a present condition, when you seek a new solution to old problems, you are certain to step on someone's toes. You can expect immediate opposition from those whose position is challenged; you can expect cutting criticism yourself from those vested interests whose existence is in danger. New challenges bring new antagonisms. The proponents of change, of the open mind, must have courage to face this attack — and this courage is the essence of good government and of good leadership.

— STANLEY H. LOWELL

RESEARCH

An Analysis of Home Visits to Newborn Infants Made by the Public Health Nurses in the East York-Leaside Health Unit, Ontario

HELEN M. CARPENTER, M.P.H.

The Problem

PUBLIC health nursing has developed over the past 50 to 60 years as one of the services given by official health agencies. The first public health work undertaken by nurses consisted of visits to homes with the objective of controlling the spread of communicable diseases. Other services were added such as maternal and child hygiene and school health services. Eventually the work became generalized under boards of health, and the service of the nurses was extended. Now it usually includes home visiting, service in child health centres, schools, immunization clinics, and in a few instances services in hospitals.

Health needs are never static. The rapid development of public health work and the recognition of changing and emerging community health needs make it important to study the content of the service public health nurses are currently undertaking. Such questions as the following are in the minds of public health administrators and those responsible for the preparation of public health nurses:

1. Are the services currently undertaken effective in meeting the families' needs?
2. Can the services the nurses are giving be modified?
3. Should the services be extended?

It was with these questions in mind that the University of Toronto, School of Nursing and the East York-Leaside Health Unit cooperated in a study of public health nursing service.

The Objective

The over-all objective of the study is to gain more knowledge of the service in order to contribute to the development of public health nursing to meet the health needs in the community. As a step in reaching this objective it was decided to study the home visits made by the public health nurses.

Pilot Project

A problem in a study of this nature

This study was a project of the University of Toronto School of Nursing and the East York-Leaside Health Unit. It was undertaken in cooperation with Dr. Wm. Mosley, Medical Officer of Health, Mrs. Gertrude Purcell, Director of Nursing, and the Nursing staff of the Health Unit; and with the assistance of Miss Margaret Cahoon, Associate in Public Health Education, School of Hygiene, Dr. A. H. Sellars, Director and Miss Joan Sloman, Statistician, Division of Medical Statistics, Ontario Department of Health, and Dr. Muriel Uprichard, Assistant Professor, University of Toronto School of Nursing. Miss Carpenter is on leave of absence from the School of Nursing, University of Toronto, for advanced postgraduate work at Teachers College, New York.

is to secure a method whereby complete information concerning the content of home visits can be obtained. In a search of the literature, methods that have been reported include the following:

1. The records kept by the nurses.
2. Verbatim records, secured by having a stenographer visit with the nurse and record the conversation in shorthand.
3. The use of a tape recorder.

In discussing the proposed study with the nurses in the Health Unit, they wished to avoid taking a third person into the homes. It was therefore decided to test two methods. Ten nurses volunteered to try to recall as completely as possible the content of selected home visits; five of these nurses wrote a complete narrative record of each of three visits; five dictated the content of three visits as nearly as they could recall them, using a dictaphone. Four nurses volunteered to take a tape recorder into each of three homes, and with the knowledge and consent of the families, secure a tape recording of the visits.

The Results of the Pilot Project

The data gathered by these two methods was studied in order to select a method for securing data for the main study. One result of this pilot project was the recognition that the variety of purposes for which public health nurses make home visits would make it difficult to undertake a study of all home visits. It was also apparent that recording the full content of visits, either by dictation or in writing, is very time consuming and requires a good deal of patience and skill. It did not seem a practical approach for the main study. The tape recorded method had the advantage of providing an accurate and complete record of the visit, and required a minimum of additional time for dictating background information. However, its use would be limited to those families willing to have the visit recorded, and to the nurses who felt comfortable in using a tape recorder. A third point that evolved was the desirability of studying home visits as perceived by those receiving as well as those giving the service, that is, as seen by the nurses and by the families visited by the nurses.

Redefinition

Following upon this testing period, the study was redefined and limited to one aspect of the service given by the nurses: an analysis of home visits made to newborn infants by the public health nurses in the East York-Leaside Health Unit.

Objectives

The objective of the study was to secure as much information as possible concerning visits to newborn infants, with a view to assessing this service. The study was concerned with the following questions:

1. What is the purpose of these visits?
2. What is the content of the visits?
3. What needs of the mothers do the visits meet?

Scope and Limitations

The method of research is descriptive and analytical. Information was secured from two sources: the nurses who made the visits, and the families who received the service.

First visits made by the nurses to newborn infants during a three-week period were included in the study, as were any additional visits made to these infants during the study period. The content of the visits was recorded by two methods, the nurses selecting the method of their choice. One group, consisting of seven nurses, wrote the content in outline form following each visit; a second group of seven nurses requested permission of the mothers to record their visits using a tape recorder. If a mother was not willing to have the visit tape recorded, the nurse wrote the content in outline form following the visit. Information concerning the families known to the nurses prior to their visits, the nurses' assessment of the progress of the mother and baby, the need for and response to the service was recorded on the written record or dictated on tape.

In order to secure information concerning the visits as perceived by the mothers, a follow-up visit was made by an interviewer approximately one week following the nurses' visits. The interviewer was not a nurse, and had

had no previous association with the Health Unit.

The scope of the study was limited to first visits made by 14 nurses in the East York-Leaside Health Unit to newborn infants during a three-week period. The findings are relevant to this area only. No generalizations can be made in relation to other communities or to visits to newborn infants made by public health nurses in other health departments or health units.

Policy regarding visits to Newborn Infants

The Health Unit receives the identifying information recorded on the initial birth registration notice (completed by the doctor or hospital within 48 hours after the birth of an infant). The nurses visit each home in which a newborn infant is reported upon receipt of this birth registration notice.

Sources of Data and Method of Procedure

1. *Visits made by the nurses*: During the week of May 5, 1958, all the new birth registration notifications that came into the office were listed. For districts in which there were no new birth registration slips during the week, a list of those already on hand and as yet not visited was compiled. These two lists of newborn notifications were the group visited during the week of May 12.

A schedule was made for each day's visiting so that the visits would be spread over the entire week enabling the interviewer to follow along with her visits in one week's time. For those nurses who were to use the tape recorders, a schedule for the use of the two recorders was arranged.

In the following two weeks the cases were similarly arranged and the schedules for visiting made. On some days, visiting was necessarily limited due to the nurses' responsibilities for other services. The maximum number of visits made in one day by the 14 nurses participating in the study was ten and the minimum number three. The number of visits made by each nurse over the three week period varied due to the number of cases that came into the office for the different districts. A maximum of nine visits was made by one nurse, and a minimum of two by another, with the majority making six or more visits for the study.

During the study period 93 first visits to newborn infants were made by the 14 nurses. Twenty-five visits were tape recorded; four of these were both recorded and written (due to difficulty with the tape recorder, or due to the fact that the mother appeared uncomfortable with the use of the recorder). Two of these proved satisfactory for analysis from the tapes, making a total of 27 tape recorded visits. Sixty-six visits were written in outline form on the questionnaires.

Of the 93 visits made by the nurses, 10 were discarded for the purpose of the study for the following reasons:

Not found	5
Infant not in home	2
Still birth	2
No English spoken	1

Second visits were made during the three week study period to five of the 83 infants. As the number of these visits is small, they are not included in the analysis.

2. *Visits made by the interviewer*: Sixty visits were made by the interviewer to families who had received first newborn visits during the study period. The interviewer's visits were spaced approximately one week following the nurses' visits. The nurses were asked to state if, in their opinion, there was any contraindication to the interviewer's visit. In seven instances they felt the interviewer should not visit. The reasons given were the following:

Mother emotionally upset	— 4
Mother not well	— 1
Mother speaks no English	— 1
Mother did not wish interviewer to visit.	— 1

(The nurse thought this was probably due to the mother's feelings of inadequacy).

Of the 76 remaining families, 60 visits were made. Twenty-four of the visits that were tape recorded by the nurses were visited by the interviewer; 36 of the visits that were written were visited. There was a degree of selection in the interviewer's visits in that:

1. Seven families who had problems that might influence the need for service

Analysis of the Group Visited by the Nurses and the Interviewer and the Total Group Visited by the Nurses

Number of Children	*Families Visited by both Nurses and Interviewer*	*Total Group Visited by the Nurses*
Families with first babies	26	38
Families with other children	34	45
Families with an interval of 5 or more years since the birth of the last child	11	14
Families with other children without such an interval	23	31
Total families visited	60	83
Number of children in the families visited:		
Infants	60	83
Other children:		
1 to 4 years	28	38
5 to 12 years	31	41
13 years and over	7	8

were excluded from the group visited by the interviewer.

2. A higher proportion of the tape recorded visits was followed by an interviewer's visit than of the written visits. (24 out of 27, in comparison to 36 out of 56.)

Place of birth of the parents: The nurses were asked to record the country of birth of the father and mother, and the English comprehension of the mother if her native language was not English. This information is tabulated in Table 1(a), (b).

The majority of families for which this information was recorded are Canadian by birth, or come from the British Isles. A few are immigrants, from such countries as Germany, Greece and Macedonia. Nine mothers were from these countries; one was from Austria and one from British Guiana (her native language was Portuguese). The English comprehension of the mothers whose first language was not English was assessed by the nurse as: good — 4; fair — 4; poor — 2; none — 1.

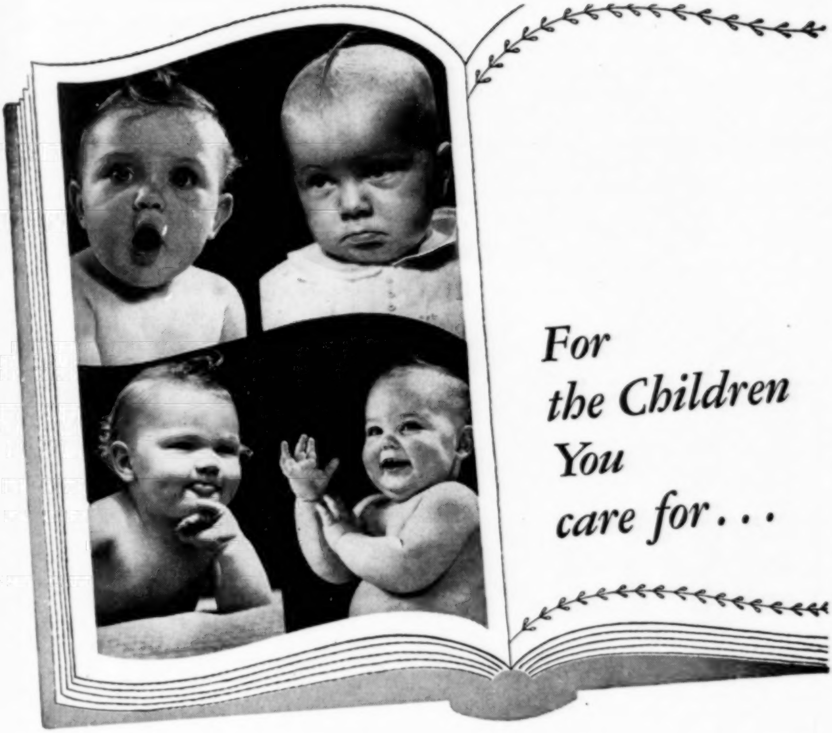
Education and occupation of the parents, and estimated socio-economic status: The interviewer asked each mother the grade or age (if the grade was not known) at which she and her husband left school; the former occupation of herself and present occupation of her husband. The occupations were classified according to an Index of Social Position prepared by A. B. Hollingshead, of Yale University. Using the level of education of the father and his present occupation, the sample was grouped into classes (I to V) using the Two Factor Index of Social Positions cited above. This estimate of socio-economic status was checked against the kind of accommodation in which the family live, the medical care used by the mothers in the prenatal period, and the kind of medical care planned for the infant.

The data concerning level of education and occupation of the parents, and the estimated socio-economic status are tabulated in Tables II, (a), (b), III (a), (b), (c), (d).

Education of the parents: Most of the parents in this study have education beyond the elementary school level. A few have education or training beyond secondary school; more of the fathers have such additional education than the mothers.

Occupation of the parents: Few of the parents are in the professional or higher executive groups. The majority fall in the groupings: Clerical, sales workers, technicians, and skilled and semi-skilled manual employees.

Estimated socio-economic class: The grouping according to the Two Factor Index (using education and occupation of the fathers) places these families largely in Classes III and IV. Checking the socio-economic class estimated in this way against housing, we find housing that appeared to the interviewer to be below average in 11 instances; these families were in Classes III, IV and V. Four families were living in crowded or dilapidated accommodation; these families fall in Classes IV and V. Turning to the



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Introduction to the Tables

Group I — consists of those with first infants.

Group II — consists of those in which there has been a five-year or more interval since the birth of the last infant.

Group III — consists of those remaining families with other children.

N & I — Families visited by nurses and interviewer.

T N V — Total families visited by nurses.

N.A. — Not applicable (unless under very unusual circumstances.)

The figures in all Tables excepting 1 A and B relate to families visited by both nurse and interviewer.

TABLE I (a)

COUNTRY OF BIRTH OF MOTHERS AND FATHERS
FAMILIES VISITED BY BOTH NURSE AND INTERVIEWER AND TOTAL GROUP VISITED BY THE NURSES

	Group I				Group II				Group III				Totals			
	N&I		TNV		N&I		TNV		N&I		TNV		N&I		TNV	
	26		38		11		14		23		31		60		83	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Country of Birth Canada	14	16	19	24	5	5	6	6	11	14	16	19	30	35	41	49
U.S.A.	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	1
England	1	1	1	1	1	1	1	1	—	—	—	—	2	2	2	2
Scotland	1	2	2	2	2	1	2	1	1	1	1	1	4	4	5	4
Ireland	2	—	2	—	—	—	—	—	—	1	—	1	2	1	2	1
Germany	1	1	1	2	1	1	2	2	1	—	1	—	3	2	4	4
Greece	1	1	2	2	—	—	—	—	2	1	2	1	3	2	4	3
Macedonia	—	—	—	—	1	1	1	1	—	1	—	1	1	2	1	2
Other	1	1	3	2	—	—	—	—	—	—	—	—	1	1	3	2
Total countries where English is not first language	3	3	6	6	2	2	3	3	3	2	3	2	8	7	12	11
Not Obtained	5	4	8	5	1	1	2	2	8	5	11	8	14	10	21	15

TABLE I (b)

ENGLISH COMPREHENSION OF MOTHERS WHOSE FIRST LANGUAGE IS NOT ENGLISH

FAMILIES VISITED BY BOTH NURSE AND INTERVIEWER AND TOTAL GROUP VISITED BY THE NURSES

	Group I		Group II		Group III		TOTALS	
	N&I	TNV	N&I	TNV	N&I	TNV	N&I	TNV
	26	38	11	14	23	31	60	83
Good	1	3	1	1	—	—	2	4
Fair	2	2	1	1	1	1	4	4
Poor	—	1	—	1	—	—	—	2
None	—	—	—	—	1	1	1	1

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Most new babies require protection against annoying diaper rash. DIAPARENE in these three forms assures complete prevention and treatment night and day.

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*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950
Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955
Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

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TABLE II (a)

EDUCATION OF FATHERS AND MOTHERS

		Group I		Group II		Group III		TOTALS	
		26		11		23		60	
		F	M	F	M	F	M	F	M
Grade left school:	6	—	—	—	1	—	—	—	1
	7	—	—	—	—	—	1	—	1
	8	1	2	3	4	2	3	6	9
Total Elementary School		1	2	3	5	2	4	6	11
	9	2	1	2	1	1	1	5	3
	10	2	4	—	2	5	5	7	11
	11	2	3	—	1	3	5	5	9
	12	3	5	2	1	5	4	10	10
	13	7	6	1	—	3	1	11	7
Total Secondary School		16	19	5	5	17	16	38	40
Total Beyond Secondary School		7	4	2	—	4	1	13	5
Training		1	—	2	—	2	—	5	—
University		6	2	—	—	2	—	8	2
Special Training (Gr. left Sch. not obt'd)		4	—	1	—	—	—	5	—
Not obtained		5	5	2	1	4	3	11	9
Age at which left school									
(where grade not obtained)	10	—	1	—	—	—	—	—	1
	12	1	—	—	—	—	1	1	1
	14	2	2	1	1	1	2	4	5
	15	—	1	—	—	—	—	—	1
	16	1	—	1	—	—	1	2	1
	19	—	—	—	—	1	—	1	—

medical care used by the mothers in the prenatal period, those who attended prenatal clinics fall in Classes III, IV and V. Attendance at child health centres is slightly higher in Classes III, IV and V than in Classes I and II. (See Table III (d).

Length of residence in the municipalities, and utilization of public health and visiting nursing services: The interviewer asked the mothers a series of questions to ascertain how long the families had lived in the areas served by the Health Unit, and whether they knew about or made use of the services provided by health departments or visiting nursing associations. (Table IV).

Concerning length of residence in East York or Leaside, of the 60 families visited by the interviewer, 24 had lived in the community up to one year only; 20 had lived there from one to five years; and 16 had lived there over 5 years.

For many of the families, the visit made by the nurse to the new infant was the first contact the family had had with the Health Unit. This was particularly true of families with first babies, in which 21 of the 26 mothers said the newborn visit made by the public health nurse was the first visit tthey had had. For the group of families with other children, the most frequent use of Health Unit services

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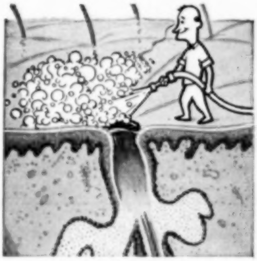

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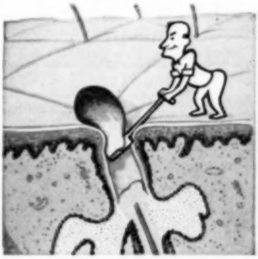

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TABLE II (b)

Occupations of Fathers and Mothers

	Group I		Group II		Group III		TOTALS	
	26		11		23		60	
	F	M	F	M	F	M	F	M
Major professional	3	—	—	—	—	—	3	—
Lesser professional	2	6	1	—	4	1	7	7
Administrative, small independent business, minor professional	3	—	—	—	3	—	6	—
Clerical, sales, technical	2	14	2	2	4	15	8	31
Skilled manual	11	2	4	—	6	1	21	3
Machine operators, semi-skilled	2	3	2	8	4	2	8	13
Unskilled	—	1	—	1	—	2	—	4
Not obtained	3	—	2	—	2	2	7	2

TABLE III (a)

Estimated Social Class

	Group I	Group II	Group III	TOTALS
	26	11	23	60
Class I	3	—	—	3
Class II	2	1	3	6
Class III	6	1	6	13
Class IV	11	5	10	26
Class V	1	2	2	5
Not obtained	3	2	2	7

other than home visits was immunization clinics and school health service. The prenatal classes were organized in East York in 1945 and in Leaside in 1949. Seven of the 60 mothers told the interviewer they had attended these classes; six of these were mothers with first babies.

Because of the mobility of these families, the mothers were asked if they had used health department services in any other municipality. Sixteen said they had; 13 were in the group who had other children. The mothers were also asked if they had utilized the services of a visiting nursing association. Twelve had used such services; 11 were families with other children.

The families visited by the nurses on notification of a new birth appear to have had little contact with public health or visiting nursing services prior to the nurse's visit. This is especially true of families with first babies. Many have lived in the community a relatively short time and would have had little opportunity to learn about the services. Some of the mothers told the interviewer they would have liked to have known about the services; some mentioned that they wished they had known about the prenatal classes; some spoke of the need for help with the baby immediately upon returning home from the hospital.

Resumé of the Study

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TABLE III (b)

COMPARISON OF ESTIMATED SOCIO-ECONOMIC STATUS WITH SIZE OF FAMILY

Socio-economic class		I	II	III	IV	V	not obtained	totals
In relation to:	Group I	3	2	6	11	1	3	26
	Group II	—	1	1	5	2	2	11
	Group III	—	3	6	10	2	2	23
	Totals	3	6	13	26	5	7	60
In relation to number and ages of children:	Infant	3	6	13	26	5		53
	1-4 yrs.	—	3	6	12	4		25
	5-12 yrs.	—	2	1	19	4		26
	13 yrs. and over	—	—	—	2	4		6
	Totals	3	11	20	59	17		110

been analyzed with consideration to the purpose, content, and the needs of the families that were apparent to the nurse on this first visit. Certain administrative problems have been assessed, such as the method of referral, the amount of information available to the nurse prior to the visit, and the age of the baby when the visit was made. Information was secured concerning the services used by the mothers for their own care and that of the baby, and the health and progress of mother and baby prior to and at the

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TABLE III (c)

COMPARISON OF ESTIMATED SOCIO-ECONOMIC STATUS WITH TYPE OF HOUSING

Socio-economic class	I	II	III	IV	V	not obtained	totals
Total in each class	3	6	13	26	5	7	60
Type of housing : House	—	2	3*	10	1		16
House shared	—	—	2	5	2		9
Apartment	1	3	4	5	2		15
Basement apt. in house	2	1	1	4	—		8
Flat in house	—	—	—	1	—		1
Rooms in house	—	—	2	1	—		3
Interviewer's Assessment of Home : Above average	—	1	2	4	—		7
Average	3	5	8	16	3		35
Below average	—	—	3	6**	2**		11

*In Group III information re housing of 1 family was not obtained
**3 crowded ; 1 dilapidated

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TABLE III (d)

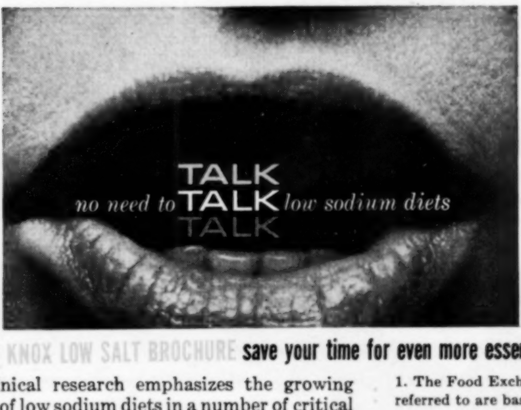
COMPARISON OF ESTIMATED SOCIO-ECONOMIC STATUS WITH MEDICAL SERVICE UTILIZED

Socio-economic class	I	II	III	IV	V	not obtained	totals
Total in each class	3	6	13	26	5	7	60
Medical care of mother: Obstetrician	2	2	7*	9	—		20
General practitioner	1	4	5*	15	3		28
Hospital clinic	—	—	2	2	2		6
Plan for medical supervision of baby: Pediatrician	2	—	6	6	—		14
General practitioner	1	6	4	15	2		28
Child Health Centre**	1	1	10	14	4		30
Not obtained	—	—	—	1	—		1
Actual attendance at C.H.C. (to Nov. 30)	1	1	3	8	1		14

*1 mother — general practitioner for prenatal supervision, obstetrician for delivery.
**some families use private physician and C.H.C.

time of the visit. The need for nursing service and household help was assessed by the nurses.

The interviewer secured information concerning the mother's knowledge, use, and opinion of Health Unit serv-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ices. She asked the mothers if they had questions they wanted to ask the nurse when she visited, if they had received help, and if they had followed any of the nurses' suggestions. She also asked if they had needed to be shown how to care for the baby when they first came home from the hospital and to whom they had turned for assistance.

The topics discussed by the nurses and mothers during the visits were analysed under the following headings: Nutrition, care, problems, resources, demonstration and other. The topics were further analyzed in relation to the members of the family included in the discussion: the infant, mother, preschool children, other children (beyond preschool age), other adults (than the mother), and the family in general.

The need for the service was assessed from the point of view of the nurses who participated in the study, and the mothers visited by the interviewer. The nurses were asked: "Do you feel there was a need for this service? Why?" "Do you expect to visit again? Why?" The mothers were asked: "Do you want the nurse to visit again? Why?"

Some Findings of the Study

Although the analysis of the data gathered in this study is only relevant to the community in which the study was made, and the nursing service in this Health Unit, some observations may be of general interest:

1. Many of the families visited by the nurses on receipt of the birth registration information had little knowledge of the service prior to the nurses' visits. This is particularly true of families with first babies. People in this area move about a great deal, and many have lived in the community a relatively short time.
2. There is a lack of coordination between the services of the private phy-

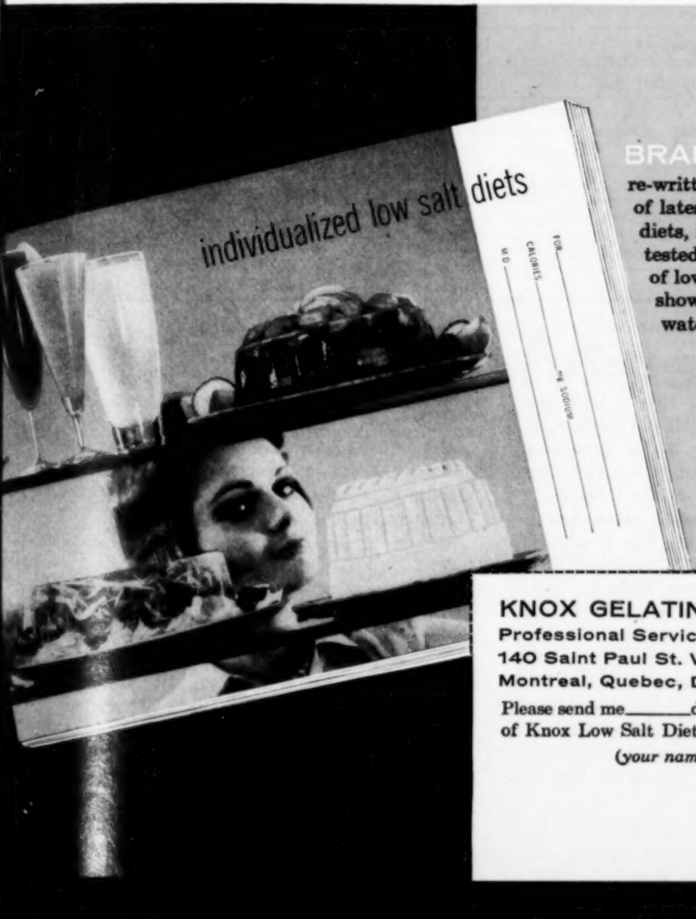

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TABLE IV

LENGTH OF RESIDENCE IN EAST YORK OR LEASIDE AND UTILIZATION OF HEALTH UNIT SERVICES AS RECALLED BY MOTHERS AND RECORDED BY INTERVIEWER

	Group I	Group II	Group III	Totals
	26	11	23	60
Length of residence: up to one year	14	3	7	24
one to five years	10	3	7	20
over five years	2	5	9	16
*Was nurse's visit first Yes	21	6	11	38
home visit? No	5	5	12	22
*Previous contact with E.Y.—Leaside H.U. Services:				
Home visits	4	5	16	25
C.H.C.	1	3	7	11
Immunization clinics	N.A.	2	11	13
School services	N.A.	8	6	14
Prenatal classes	6	1	—	7
Other	—	1	1	2
No contact	19	—	6	25
Have family ever telephoned H.U. Yes	5	3	8	16
No	21	8	15	44
Have family had service from Yes	3	6	7	16
another Health Dept. No	23	5	15	43
Mother does not know	—	—	1	1
Have family had service from a Yes	1	3	8	12
visiting nurse assoc.? No	25	8	15	48

*There is a slight discrepancy in the response of the mothers to these questions.

sicians, hospital, and Health Unit personnel in this area. All the mothers received medical care during pregnancy and all were confined in hospitals. Although the majority of the hospitals in the area request public health nurses to visit patients who attend prenatal clinics, only one hospital requested service for a mother on discharge from the hospital following the birth of her baby. No visits were requested by doctors.

3. The nurses receive so little information on the birth registration form that they are not able to select visits on the basis of need, nor are they able to time their visits to be of help to the mother when she first comes home from the hospital. The hospitals in the area discharge maternity patients between the 4th and the 7th day if the progress of the mother and baby is satisfactory. The age of the baby when the nurses visited ranged from 7 to 37 days.

4. The purpose of the nurses in these visits is to assist in the care of the mother and baby, and to assist the family to meet their needs. The content of the visits is consistent with the purpose. The nurses try to assess the needs of the mothers in relation to the care of the infant and other members of the family; to give assistance through talking over

the mothers' problems and checking on their progress; and to interpret Health Unit and other community services.

5. The mothers have little assistance with the care of the infant and other children when they come home from the hospital. Those who are able to arrange it have some help from relatives or friends. Many feel the need for more help than they receive. Some need nursing service, some household help, and some need both kinds of assistance.

6. Although the numbers are small and conclusions cannot be drawn for all the groups listed below, some mothers appear to need nursing service more than others. These are: Mothers with first babies; new Canadians; mothers who have deviations from normal health or progress during pregnancy or parturition, or who are concerned about deviations in the health or progress of the baby; mothers who had prenatal supervision at a hospital clinic. This latter group are usually without professional advice until the nurse visits or until the mother feels able to take the baby to the child health centre.

Concluding Remarks

A study of this kind presents certain difficulties and has limitations. However, it has values to the staff who give the service, to those responsible for the administration of the work, and to those interested in nursing education. It brings into focus the difficulties of Health Unit personnel in developing an effective public health nursing service for mothers with newborn infants when there is a lack of coordination between the health services utilized by the mothers during the maternity cycle. It sheds light on the needs of the mothers for assistance in the care of the baby and other members of the family, and the way in which these are currently being met in this community. It serves as a guide in assessing the content of the nurses' visits, and suggests ways in which the content could be modified in the light of the needs of the families. The staff of the Unit found participation in this project a stimulating experience and have become interested in studying other aspects of their work.

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Posture and the School Age Child

MARTHE HENRICHON

POSTURE is the way in which the body, head and limbs are supported in a relaxed, graceful, well-poised manner. Good posture is especially important to the school child who is at an age where he is developing good living habits and is just reaching full physical growth. His posture, good or bad, will have a very definite effect in the present and the future as much from the point of view of health as from physical appearance.

It is a recognized fact that there is a close relationship between good posture and health. The child who carries himself properly, in addition to looking well, is a great deal more capable of applying himself to his studies than his companion who has poor posture. It is at this particular age that the child has a tendency to develop poor posture. He is not yet especially conscious of his appearance. Only during adolescence does he start to change for the better. Fortunately for us it is during this period when his bones are still pliable and his health habits are being formed, that the school nurses have their most frequent contacts with him.

We know how to recognize and appreciate good posture but we do not always stop to evaluate the harmful effects of poor posture. The school nurse can help the child substantially if she takes the trouble to observe him carefully. How many times have you discovered that clothing was the cause of poor posture — too short shoulder-straps or braces that rounded the shoulders or shoes a size too small that interfered with walking? A tight belt that obstructed digestion and even breathing? And what about the teenager who wears extremely high-heeled shoes or a brassière with the straps shortened to the absolute limit — what harm must she be causing herself?

The school child's bony structure is far from being completely developed or calcified. That is why it is so important to observe him for normal growth and development. Since maintenance of health and prevention of illness is our primary objective, bone deformity must be avoided and good posture maintained if the child already has it or established if possible. The alert nurse notices the child's posture at first glance whether she sees him in school, in his home, during a chance meeting or formal consultation.

When the child is round-shouldered, the thorax wall caves in reducing the capacity of the thoracic cavity and causing a relaxation of the diaphragm. The lungs can not dilate fully, there is a noticeable decrease in the amount of oxygen in the body which lowers resistance. There is a slow-down in circulation which can lead to congestion of the various body organs and rapid muscle fatigue. Undue pressure on large blood vessels and nerves affects heart action. Continued poor posture is one of the causes of displacement of body organs or possible digestive, kidney or pelvic disorders and constipation. Loss of tone in abdominal musculature can result in lordosis. Joints tend to be tense causing chronic fatigue and greater susceptibility to injury.

The nurse should investigate the cause of poor posture as soon as she detects it or it is drawn to her attention. She must obtain the interest and cooperation of the parents and the teacher in immediate correction or improvement. The child who carries himself poorly inevitably presents a poor appearance. His movements are stiff and awkward. He appears to be lazy and lags in his studies.

Any child who exhibits poor posture should be referred without delay to the care of a doctor. With either the mother or the father present, the doctor will do a complete check-up on the child's health. He will check for the presence of any abnormality in structure, development or function. Sight and hearing will be tested and any indication of malnutrition or anemia noted as necessary. Careful questioning may reveal that the number of

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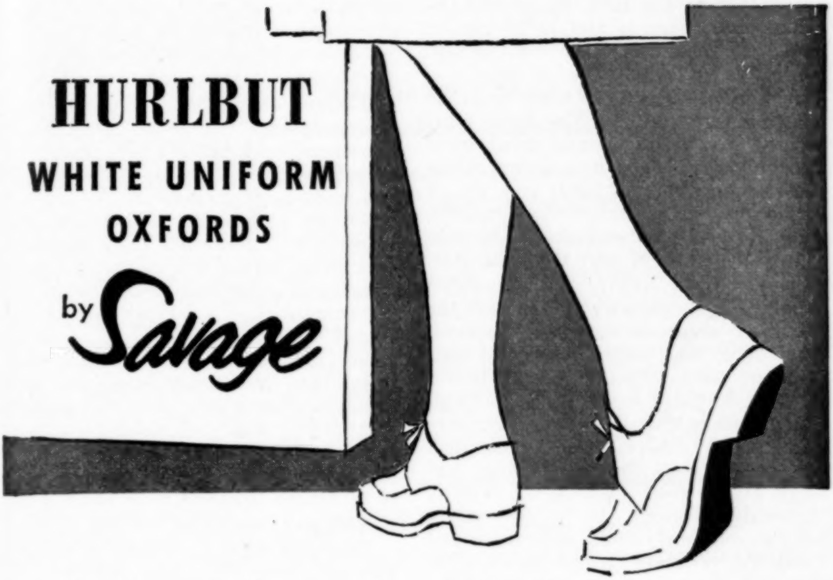
Miss Henrichon is on the staff of the City Health Service, Montreal.



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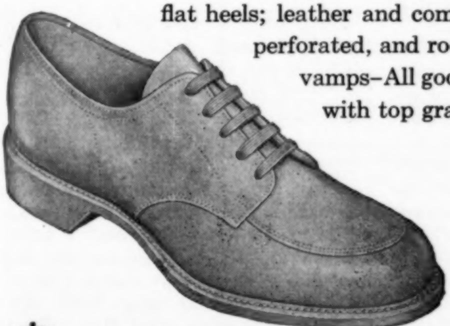

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hours of sleep is inadequate, that family eating habits could be improved according to the rules of good nutrition. Both parents and child can be counselled regarding the measures to be instituted for improved health.

Training in good posture must be started early in life. The child must be helped to understand what good posture is and why it is so important to maintain it. This holds true for all children — slender or heavily-built, thin or fat. The head should be held high, the chin in and the individual should move easily. The sternum should be thrust forward so that the thoracic cavity is in normal position and thus the lungs, heart and diaphragm can function normally. The abdomen should be firm and flat, the hips tucked in so that the viscera are supported and displacement prevented. When the head, thorax, abdomen and hips are in good position, the body is properly balanced, the normal curves of the vertebral column are maintained and the vertebrae are protected. The individual moves easily and gracefully. Good posture requires a minimum of muscular effort either in sitting or during motion thus decreasing fatigue and conserving energy.

The child must be stimulated to develop good posture. He needs to know that his appearance will be improved, that his strength and powers of endurance will be increased. He should be encouraged to participate in sports, games and physical exercises. Athletes and well-known personalities can be held up as examples for him but, above all, we must set him a good example ourselves. He must be encouraged to practice good posture at all times.

Teaching, alone, is not enough. The school nurse must help in maintaining good posture by checking the height of desks and classroom seats to make sure that they are conducive to normal posture. The desk chair should have a back that provides support below the shoulder blades with an open space at the bottom. The seat should bear the full weight of the thighs without pressure on the popliteal space. It must be low enough for the feet to rest flat on the floor. When the child is seated the top of the desk should be about an inch higher than the bend of the elbow, the forearms must rest easily on the desk for writing. Pupils should be seated with consideration for height, hearing and vision. It is also important to check the lighting and ventilation of classrooms particularly in winter.

Clothing should be comfortable and roomy enough to permit freedom of movement and no heavier than the climate requires. The school child walks and runs a great deal, so it is very important to have his shoes properly fitted. For the normal foot, drawing an outline of the foot with the child standing is a satisfactory way to obtain the correct size. Stockings and shoes should be three-quarters of an inch longer and one-eight of an inch narrower than the tracing. If there is the slightest abnormality, the shoe should be a bit larger to avoid pressure which might be painful and likely to cause a poor gait. The sole of the shoe should be of flexible leather, the lining should be firm and should hug the heel.

The child's bed should have a firm mattress, felt or spring, which will not be likely to sag and which is long enough for the child to sleep well stretched out if he wishes. It is a good idea to put a wooden panel under the mattress to encourage good body alignment.

Dr. Joel E. Goldwait says:

> To hold oneself erect, to walk or move easily with all the different parts of the body well set up for graceful, well-balanced use should be desired for more serious reasons than esthetic ones since these other factors are of major importance for perfect health and function.

Body movements performed under good postural conditions cause less tension and consequently a greater reserve of energy is assured for use as required.

We must not overlook all the other factors that contribute to good posture — nutrition, sleep, rest, fresh air and sunshine, a good environment at school and in the home, conducive to good mental health. To sum up, we should teach the child "To stand Tall, walk Tall, sit Tall and think Tall" and we should remember that the child who does not have perfect physical health naturally will not have good posture because he lacks energy to maintain it.

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Schizophrenia

JOHN GIBSON, M.B., CH. B., D.P.M.

SCHIZOPHRENIA is one of the most important of the psychoses. Although its clinical features are well known, it appears in forms so diverse that no single name can adequately describe them all, and attempts to displace the word "schizophrenia," which itself displaced an older term "dementia praecox," have been unsuccessful. The disease reveals itself by producing such changes as a disturbance of normal thinking, a substitution of abnormal thinking, a disturbance of emotion, and a withdrawal from the world of reality into the world of an abnormal self.

Schizophrenia is mainly a disease of early adult life. Rare in childhood, it appears in adolescence, has its maximum incidence between 18 and 35 years, and occurs less frequently in later years, up to old age. It has been subclassified into simple, catatonic, hebephrenic and paranoid types, but this classification is misleading, for any one patient may in his illness present features of all or several of these types at different times. It is usual to describe a prepsychotic "schizoid" personality, apparent before the disease begins, as a personality characterized by shyness, timidity, seclusiveness, reticence, over-seriousness, and a difficulty in maintaining relations with people. This personality of course, may occur in people who never develop schizophrenia. However between 30 and 50 per cent of schizophrenics have shown no mental abnormality before the onset of their illness.

The onset of the illness may be abrupt and violent, so much so that at this stage the illness may be barely distinguished from acute mania, which is often mistaken for it; or so slow that no one can say when it actually began. The disorder of thought shows in a woolliness, a diffusiveness of thinking, a failure of concentration, a tendency to answer questions "obliquely" and slightly off the point, "thought blocking," perplexity and confusion. An awareness that they are "going mad" may be apparent to some, but in later stages they become unaware of their abnormality.

In the early stages the distortion of reality is characteristic. The patient is aware that what he is looking at is not quite what it should be. He looks at a chair and sees something that is not quite a chair. He looks at a face and in front of his amazed eyes it becomes distorted into unnatural and threatening shapes. He becomes doubtful about his own body, parts of which seem to be different and in a peculiar way abnormal. He may doubt what sex he belongs to. Hallucinations of sight and sound may appear. Orders may be shouted at him so insistently that he must obey them, and in consequence his behavior becomes unpredictable and dangerous. His emotions are disordered, normal affections are lost, and depression in the early stages may lead to suicide.

Very common are ideas of reference and persecutory delusions. The patient may interpret in terms of himself anything he sees or hears. If his name happens to be Tomlinson, the mention of that name on the radio or in a newspaper he interprets as referring to himself. He develops delusions of persecution. Believing himself to be the victim of a plot, he thinks attempts are being made to poison him or to affect him by wireless or other waves. Overwhelmed he may pass into a stupor in which he appears indifferent to all stimulation, lies with saliva drooling out of his mouth, not eating or drinking, and not emptying bladder or rectum.

In the chronic state the patient presents the typical lay picture of an insane person. Grossly disturbed in thought, he pays little attention to what is going on around him, lives largely in his abnormal thoughts, behaves oddly, and may like to dress or decorate himself in bizarre ways.

Dr. Gibson is a psychiatrist at St. Lawrence's Hospital, Caterham, Surrey, England. This is the first of a series of articles on psychiatric subjects.

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The disease may thus present itself in an acute or a chronic form. From its acute and early forms recovery is common. From a second attack recovery is less likely, and with later attacks chronicity sets in. Occasionally, spontaneous recovery will occur after many years of illness, and recovery after 15 years has been reported. The outcome of the first attack is difficult to predict, even in those with a previously abnormal personality. Patients one might not have expected to recover may surprisingly upset a bad prognosis.

The cause — or causes for there may well be several — remains unknown. Heredity is established as a factor, but the precise cause of an attack is a matter of speculation. The evidence for a biochemical disturbance of brain cells, in the cortex, thalamus or hypothalamus, has been increasing. That schizophrenics might show biochemical anomalies, such as abnormal thyroid function or abnormal glucose metabolism, has been known for several years. Recent research, stimulated by the discovery of drugs such as Mescaline and Lysergic Acid (LSD) capable of producing in human subjects schizophrenic-like states of a few hours' duration, has suggested that schizophrenics may have in their blood a toxic substance related to adrenalin that acts disastrously on the thalamus and hypothalamus.

No problem in psychiatry is more difficult to solve than the effects on this disease of the various methods of treatment that have been used for it, and there is great variation between the practices of different doctors and hospitals. The main cleavage of opinion is between those who practice conservative methods of treatment and those who use one or more of the so-called "Shock" or physical treatments. Those of the conservative school point out that many of the early cases of schizophrenia recover spontaneously, do not have their brains damaged or their life threatened by dangerous methods, and are not frightened by treatment; admit that some patients will never recover; and believe that the best method of treatment is to place the patient in suitable surroundings (which usually means in a mental hospital), to provide good nursing, preferably by the smallest number of nurses that can be arranged because of the difficulty the patient has in making and keeping contact with people, and to give simple psychotherapeutic support.

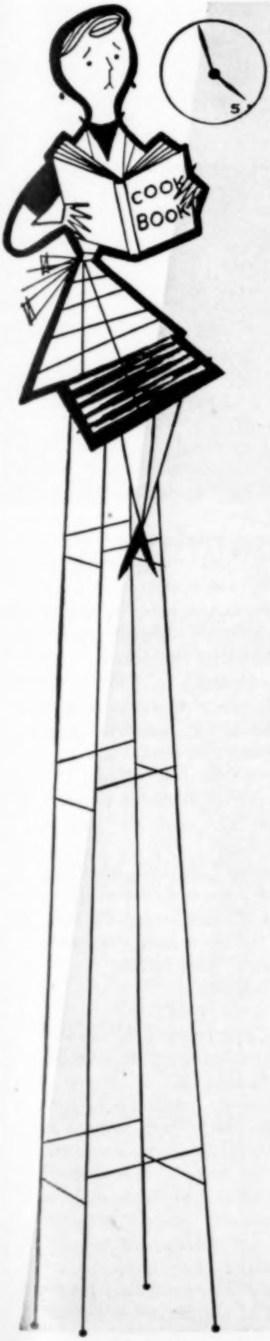
Psychoanalysis is much used in the United States, but probably does not produce any better results. The physical methods still in vogue are prolonged narcosis, deep insulin treatment, electro-convulsive treatment and prefrontal lobotomy, but there is little evidence that in the long run they are more effective than the less spectacular and more kindly conservative methods. Claims have recently been made of the great value of the new tranquillizers for both acute and chronic schizophrenia. The existence of the chronic schizophrenic can be made much happier by a regular life, social training and employment.

In order to make nurses able to take part in the caring of persons, as distinct from the curing of ailments, it is necessary that they should themselves be persons and not merely efficient machines. A first requirement here is that a nurse should be interested in, and understanding about, people in themselves. For something specially important usually then follows: if you're sufficiently interested in people you usually end in liking them.
— From an address by the Principal, the University of Edinburgh on the day of presentation of certificates to the first class of nurse tutors.

* * *

A convention or conference justifies itself not for the addresses, the discussions, the passing of resolutions, but for the personal contacts that such an occasion affords. Too often delegates go to conventions with their minds made up on how they will vote on matters presented to them. Speakers, however persuasive, accomplish nothing if the delegates are rigidly committed by the organizations they represent to vote as they have been instructed. That delegates may be uninformed regarding every detail of a proposal is possible and understandable. But is it not time that the right to make decisions in the light of discussion should be accorded to voting delegates?

— M.F.L. Pritchard



THIS little housewife had a problem — sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings. But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with — in any food, at any temperature. One which gave the perfect taste of sugar — with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee — *sweet* coffee — and a big, big smile across the table . . .

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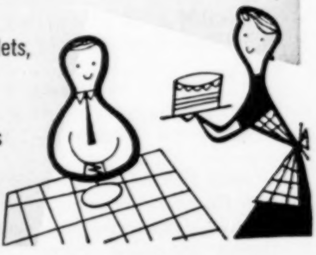

Malignant Stomach Ulcer

Maureen Parrent

Past History

Mrs. Sorokin was a 73-year-old, obese Hungarian woman, who did not appear to be in any obvious distress. She had been hospitalized many years ago for abdominal surgery but she was not sure what procedure was carried out. A year ago, she had suffered a fracture of the right radius in an accident.

Her family history was non-contributory to her present condition. Mrs. Sorokin stated that she had been in good health practically all of her life.

Physical Examination

On examination for cardiovascular function her exercise tolerance was good but she said that she had been troubled with ankle edema. There was no history of syncope, chest pain or of nocturnal dyspnea. No arrhythmias were present but there was a systolic murmur over the mitral and aortic areas, probably due to aortic stenosis or mitral regurgitation. Her blood pressure was 140/70, and her pulse 76. She weighed 145 lbs. and was 5 feet tall. Stress incontinence has been present for a number of years, but she had no other genitourinary complaints. Her reflexes were equal and active. Her abdomen was soft to palpation and the liver, spleen and kidneys were not palpably enlarged. Her main complaint was epigastric distress which had been present for a number of years. There was tenderness under the right costal margin but none in the inguinal areas.

Clinical Examination

In order to determine the state of her health a variety of tests and examinations were carried out preoperatively:

1. *Miniature chest x-ray* — A slight cardiac enlargement was evident.

2. *Electrocardiogram* — The result showed minor non-specific T-wave changes.

3. *Routine urinalysis and hematology* — Results were within normal limits.

4. *Tubeless gastric analysis* — This test is usually done before breakfast when the patient has fasted from midnight. The person voids upon awakening and the urine is discarded. One-half glass of water with sodium benzoate is taken. One hour later the patient voids and the urine is kept. This specimen is labelled *control* urine.

Resin granules containing quinine are put into a glass of water which is taken by the patient and is followed by another glass of water. Two hours later the patient voids and the specimen is marked *test* urine.

Both bottles of urine are sent to the laboratory. The urine is exposed to ultraviolet light, and if fluorescence occurs, free hydrochloric acid is present in the stomach. If no fluorescence occurs there is no free hydrochloric acid present in the stomach.

Mrs Sorokin's test showed less than the .3 mg. which is the normal standard. This was presumptive evidence that a state of achlorhydria was present. The diagnosis was carcinoma of the stomach.

The classical symptoms of such a condition are:

1. A dull, boring pain, high under the breastbone and sometimes extending to the back. This is often absent till later phases of the condition have developed.
2. A "run-down" tired feeling.
3. A loss of appetite.
4. Cachexia — a state of ill health, malnutrition, and wasting is a familiar sign of a gastric malignancy in which the lesion is far advanced.
5. When there are metastases in the regional lymph nodes (e.g. liver and peritoneum), there are later symptoms such as, loss of weight, severe pain, frequent indigestion and anemia. Mrs. Sorokin's symptoms were persistent epigastric pain and distress, and frequent vomiting especially after meals. However, she did not experience any hematemesis or loss of weight. There was no melena or apparent anemia present.

Miss Parrent, a student at Misericordia Hospital, Edmonton, received Honorable Mention for this study in the recent Macmillan Award Competition.

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Preoperative Preparation

On the day following her admission Mrs. Sorokin was placed on daily doses of vitamins in order to prepare her for surgery. Since she often felt nauseated and vomited frequently, she was served a soft diet. It consisted of low residue, fibre-free, easily digested foods such as milk, eggs and bland fruits.

She soon became oriented to her new environment but required constant reassurance. She could not speak English fluently and tended to become depressed easily. Her nurses and other hospital personnel made it a point to listen attentively and with interest to anything she tried to tell them.

The family was notified in advance by the doctor as to the exact time of the operation. There was obviously a warm relationship between the mother and her family. Visits from her clergyman helped to dispel unnecessary apprehension, fear, loneliness, worry, and anxiety.

In regard to economic and financial worries, Mrs. Sorokin said that she was not concerned about hospital bills. She was a pensioner but if any financial problems arose, her family would assist her in solving them.

The evening before her operation a major skin preparation was done and a soapsuds enema given.

A Levine tube was inserted into the stomach and gastric lavage was performed in order to empty the stomach, and thus prevent the overflow of a large amount of gastric material into the peritoneal cavity if it should prove necessary to open the stomach during operation. The tube was taped into place ready to be drained again in the operating room and postoperatively.

Carbrital was given orally at bedtime to induce relaxation and rest.

On the morning of operation a retention catheter was inserted into the urinary bladder to prevent distention postoperatively.

Blood was typed and cross-matched to be administered during the operation in order to replace the fluid loss.

Two hours preoperatively, Carbrital was given orally for its tranquilizing effect and one hour preoperatively, morphine gr. ⅙ and atropine gr. 1/150 hypodermically as preoperative sedation.

Postoperative Care

At operation, a portion of the transverse mesocolon was resected. Approximately six inches of the transverse colon and its impaired blood supply, plus 80 per cent of the stomach was removed. Part of the great omentum was infiltrated with neoplastic nodes, and the superior anterior surface of the left lobe of the liver had a metastatic nodule 1 cm. in diameter. As a result a portion of the omentum and the liver were also removed.

After her return to the ward the foot of Mrs. Sorokin's bed was elevated for 12 hours in order to prevent shock. Her color was observed closely. Blood pressure, pulse and respirations were taken every 15 minutes for one hour, and hourly thereafter. The stomach suction and urinary catheter were attached to drainage bottles and checked frequently. Both tubes were irrigated as necessary.

Mrs. Sorokin's position was changed q. 1 h. She was encouraged to move about in bed, to practise deep breathing, to exercise her legs. This helped to prevent complications such as bronchopneumonia and thrombophlebitis.

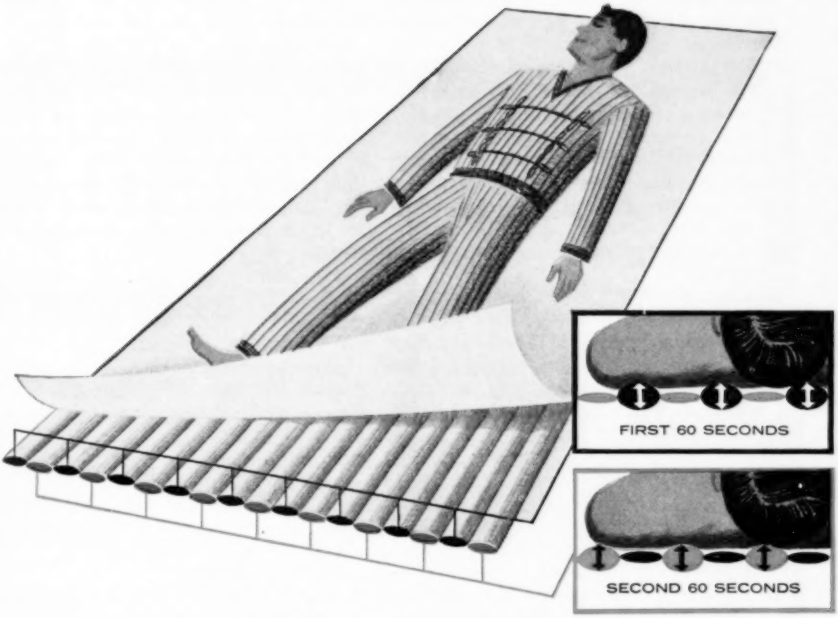
Intake and output were accurately recorded. The character of the urinary and gastric drainage was noted. The dressing was checked frequently for drainage and for bleeding.

Following the blood transfusion and 1,000 cc. of 5 per cent glucose and water received in the operating room, a second 1,000 cc. of 5 per cent glucose in water was administered.

Special care to her mouth and lips and to her back added to Mrs. Sorokin's comfort.

Her abdomen was checked for any evidence of distention. Demerol 100 mgm. was given for pain when necessary. Dicrysticin 2 cc. b.i.d. was given daily postoperatively for prophylactic purposes. Since Mrs. Sorokin perspired profusely, she had to be sponged several times during the day.

On her first postoperative day 3,000 cc. of intravenous fluid was administered — 2,000 cc. of glucose in water, and 1,000 cc. of Ionosol no. 6. Ionosol no. 6 is an electrolyte solution. Vitamins B and C were added to one bottle of intravenous fluid. Vitamin C aided in the absorption of calcium, to rebuild intercellular cement and to help



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prevent hemorrhage. Vitamin B was given to combat anemia. Mrs. Sorokin was permitted a few sips of water and ice chips.

On her second postoperative day the Wangensteen suction was removed. It was to be reinserted only in case of nausea or vomiting. Mrs. Sorokin was pleased to have it removed since she found it quite uncomfortable. Demerol was discontinued and Levo-Dromoran 1 cc. was ordered. Levo-Dromoran is a potent morphine-like long-acting analgesic.

Mrs. Sorokin was served a clear fluid diet, ounces one or two hourly. The diet consisted of non-residue fluids such as tea, coffee, fruit juice, jello, but no milk or cream was allowed. Since her oral intake of clear fluids would not be adequate she was given 1,000 cc. of glucose in water and 1,000 cc. of Ionosol no. 6.

On her third postoperative day, she received 2,000 cc. of intravenous fluid. The retention catheter was removed and Mrs. Sorokin voided without difficulty. Later during the day she sat on the edge of the bed and dangled her feet. She was slightly weak and dizzy but nevertheless she felt as though she was making some advancement in her recovery.

Her clear fluid diet was increased to a semi-fluid diet, ounces two or three hourly. It included custards, jello, and puddings.

On the fourth day her abdomen showed slight distention and Mrs. Sorokin complained of discomfort. A rectal tube was inserted and a hot water bottle was applied to her abdomen. This seemed to relieve her discomfort considerably. During the afternoon she walked to her chair with assistance and remained there for a short period. To Mrs. Sorokin this indeed seemed to be a very significant accomplishment!

Her family and relatives were very upset about her condition but they realized that this was an instance of late diagnosis of cancer.

By performing the operation, her doctor felt that Mrs. Sorokin would live several months longer than might otherwise have been expected. In the majority of such patients, the prognosis of a carcinoma of the stomach is poor, since medical aid is sought too late.

Health Teaching

Mrs. Sorokin's future medical treatment will include short periods of rest during the day and at least eight or nine hours of sleep at night. She must avoid fatigue, worry, emotional strain, and strenuous physical exertion. Her meals will have to be small, frequent, regular and consist of highly nutritious well-balanced foods.

Prelude to a Report

Today we had a busy day, but nothing worth reporting.
Three stretcher cases had shampoos, Leblanc, O'Toole, McNaughton.
And while they were away on tour (O'Toole was in the "lifter").
Each nurse did special duty on the mattresses, etcetera.
Dr. Whoosis made the rounds, Miss Bliss came new on duty.
Miss Hand did bedside tables well, including Maggie's booty.
Mrs. Richer lost a slip, we found it on the hanger.
We nearly lost Miss Cunning, (starting down the elevator).
For a while the toilets wouldn't flush, ten patients told us so —
Construction down the street had made the water pressure low.
And every time we left the desk, the telephone would ring,
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Book Reviews

Black's Medical Dictionary by William A. R. Thomson, M.D. 1013 pages. The Macmillan Company of Canada Limited, 70 Bond St., Toronto. 23rd ed. 1958. Price $6.00.

This text was first published in 1906 and one of its purposes was to provide a source of quick medical reference for persons remote from medical aid — ships' captains, district nurses and the lay public in outpost areas. As a result the information presented is considerably more comprehensive than that usually encountered in a dictionary. For example, in discussing specific conditions the comprehensiveness of the material is akin to that found in a medical text. Explanations are not highly technical. Simple sketches and photographs are used to clarify meanings.

No emphasis is placed on diagnosis. The importance of obtaining expert medical advice is made clear. The reader can obtain much general information that could be of valuable assistance in an emergency. The range of subjects covered is broad — bacteriology, pharmacology, anatomy and physiology are presented in some detail. Other topics such as the relation of climate to disease and sanitation are discussed fully. This is an interesting text and an informative one. It could be used by the lay person quite readily but the professional nurse would also find it a good resource book particularly in a situation where her number of reference texts must necessarily be limited.

Eye, Ear, Nose and Throat Manual for Nurses by Roy H. Parkinson, M.D., F.A.C.S. 237 pages. The C. V. Mosby Company, St. Louis, Mo. 8th ed. 1959. Price $3.85.

Reviewed by Dr. R. W. Robertson, 305 Northgate Bldg., Edmonton, Alta.

The only things which this book has to offer that are of value are a number of illustrations and a subject index to follow some of the conditions that occur in the eye. I believe also that the short "quiz" questions at the end of each chapter are of use. I find that the subject matter is presented most inaccurately, especially with regard to present-day recommended therapy. Also, the material presented in the surgical section is rather old and outdated.

It would seem that the book has little to recommend it to any present-day nurse or nursing institution in which opthalmology is being practised and taught.

Here's How To Do It

Many of us, from time to time, are faced with the adventure, and chore, of writing an article. And, in doing it, most of us usually "play it by ear." Here are a few points we might all keep in mind when writing the next one; they were gleaned from the *Teachers Letter*.

1. A good article is about a single idea, rather than about a string of facts. Before you begin writing, decide on the idea behind the article.

2. Keep your idea, and subject, modest.

3. Before you write the first word, build a mental image of the person for whom you are writing — your prospective reader. Imagine he is standing over your shoulder as you write.

4. Wrap your sentences around people, or at least, around concrete things. (Philosophers, of course, can go their own way).

5. Don't write with your formal clothes on. Roll up your sleeves when you write. This is another way of saying that your language should be informal, honest and humble, with a touch of down-to-earthness in it.

6. Don't try to impress your reader with your learning. He is not reading your piece to find out how smart you are. He's reading it in hopes of finding stimulating thought, a practical practice, a new insight.

7. Respect your reader's time and energy. If you can make the piece short, do so; if you can make your sentences simple, your reader will appreciate it.

8. Get to know that proud, bold force — the English sentence. Try to write sentences which contain two main ingredients — an image-bearing noun and a strong, throbbing verb.

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Annual Meeting in Saskatchewan

The forty-second annual meeting of the Saskatchewan Registered Nurses' Association was held at the Hotel Bessborough, Saskatoon, in May with an attendance of 270 nurses. Miss Lucy Willis, president, in her address chose to look at the whole profession of nursing — its weaknesses and strengths. Her address included comments on protection of the public through maintenance of standards; nursing education; psychiatric nursing experience; nursing service; interprofessional relationships; hospital insurance; personnel policies; certification of nursing associations as bargaining agents; the need for research in improving the quality of nursing care and the need for integration of community and social factors in the learning experience of students in the basic course.

Miss Grace Motta, registrar, received an honorarium from the Association, presented by the president, for services rendered over and above the call of duty while alone in the provincial office last year. In her report she indicated that as of December 31, 1958, the total membership in the SRNA was 3,545, an increase of 280 over the 1957 figures. Total membership of nursing assistants in 1958 was 617.

Miss Victoria Antonini, executive-secretary, reported on the activities carried out through the provincial office, the Canadian Nurses' Association and the Saskatchewan Nursing Assistants' Association.

Miss Hazel Keeler, adviser to schools of nursing, reported that in all schools there is "increasing emphasis being placed on selection of students, curriculum revision and clinical instruction." She commented on the trend of schools to admit only one class of students per year. She noted that the need continues for well-prepared head nurses, supervisors and teachers; well-planned inservice education programs; continuing study of the curriculum by all schools and continuing study of nursing service by hospitals.

A colorful report of the Building Committee was presented by the chairman, Miss Louise Miner. The building is presently under construction and it is hoped that it will be completed by November, 1959. Interpretation of the CNA Retirement Plan was ably carried out by Miss F. Lillian Campion who felt that this was the best possible plan for Canadian nurses. Miss Vera Spencer, chairman of the committee on public relations, stated that the aim of her committee for the year had been to stimulate nurses to vote on the slate of officers for the council 1959-60 and to increase attendance at annual meetings. The editorial adviser to *The Canadian Nurse,* Miss Antonini, spoke of the orientation course that she had attended in Montreal in January, 1959. The ways in which individual members could assist in procuring articles and material for the *Journal* were outlined.

Miss Betty Hailstone, chairman of the committee on chapters, complimented local chapters on their activities throughout the year. Refresher courses for graduate nurses were sponsored by six organizations with enthusiastic response. Chapters have given full cooperation in assisting with projects initiated at provincial level. Increased activity is evident in all areas.

Mrs. M. Rosso, chairman of the committee on nursing education, reported that projects under study included curriculum revision, psychiatric affiliation and speakers' kits for recruitment. Revision of the booklet "Regulations Governing Examinations and Requirements for Admission to the Saskatchewan Registered Nurses' Association" and new, concise application forms had been completed. Miss K. Ruane, chairman of the committee on nursing service, outlined the activities of her committee. This included a study on evaluation of professional personnel, a study of the functions of the operating room supervisor, revision of personnel policies and sponsoring an institute on staff development.

In the report of the credentials committee for nursing assistants Miss Miner informed the members of the number of applications for certification that had been reviewed. She reported that a revision of the Canadian Vocational Training School program and curriculum for nursing assistants was in progress.

The highlight of the first day was a stimulating address by Miss Helen Mussallem, director, Pilot Project for Evaluation of Schools of Nursing. In the evening members attended a smorgasbord buffet supper at Ellis Hall, University Hospital. Everyone applauded the originality and efficiency of the members of the Arrangements Committee under the chairmanship of Miss B. Dunford.

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playing presentation "Correlation of Hospital and Public Health Nursing Services" chaired by Miss E. Niblett, senior public health nurse, Weyburn, was thoroughly enjoyed by the assembly. The play portrayed the cooperation between the family, the doctor, the matron of a small hospital and the public health nurse in the total care of a young mother with a premature baby.

A panel, introduced by Miss V. Spencer discussed "Responsibility of the Hospital to the Community and the Community to the Hospital."

"Lending Hands" was the topic of the address given by Miss Campion. Her theme was the responsibility of each nurse to support her profession at the local, provincial, national and international level. Speaking of the International Council of Nurses Miss Campion referred to it as a fraternal organization — one which lends a hand to others. She stated that "Each Canadian nurse through her membership in the provincial and national associations is a member of the ICN and is a part of the helping hand — but is the hand we offer strong, generous and willing enough?"

She outlined the activities of the ICN and the benefits received by nurses through international relationships. Activities of the CNA were reviewed and this again stressed the importance of the helping hand — the readiness of nurses to give freely and generously of time and effort to work on committees for the good of the profession. Miss Campion appealed to the individual nurse to give her cooperation and willing participation in association affairs.

Two students from each of the 11 schools of nursing in the province met with Miss E. James, SRNA representative, to discuss tentative plans for the formation of a Saskatchewan Student Nurses' Association. Students were in favor of having their own association and a committee was selected to draw up a constitution.

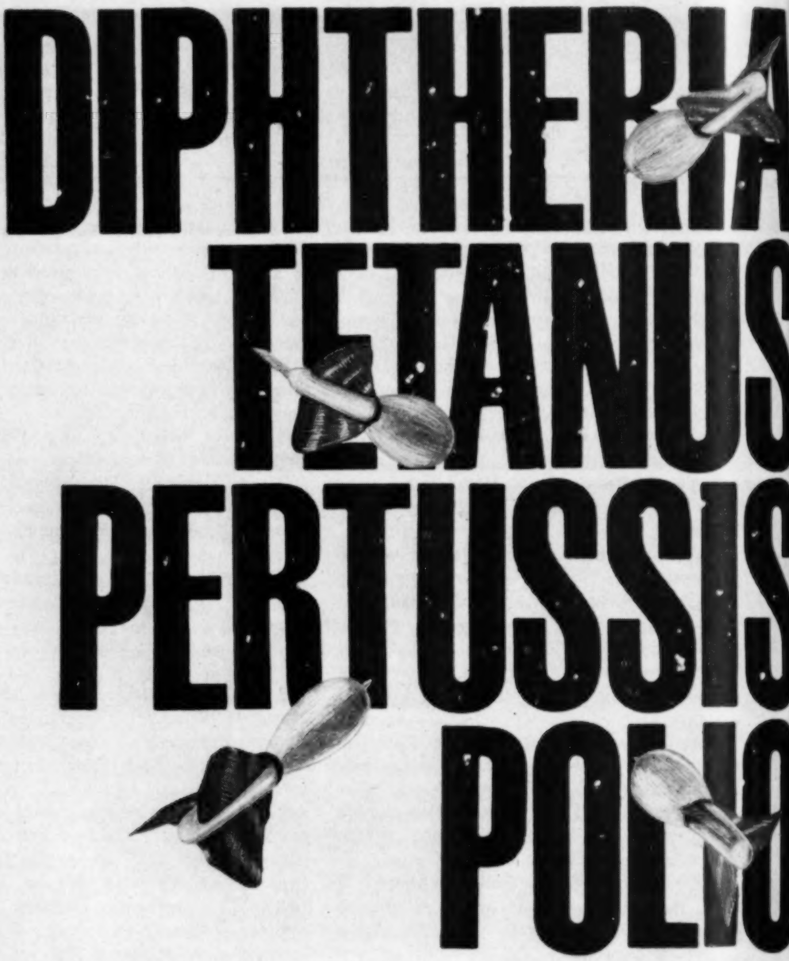
Officers of SRNA Council for 1959-60 are: Pres. Louise Miner; Vice-Pres. Patricia McGrath, Sister M. Hildegard; Committee Chairmen: Mrs. Margaret Rosso, Kathleen Ruane, Alice Mills, Jean Cummine.

VICTORIA ANTONINI
Executive-Secretary

A new line of thermometers developed in answer to the need for dependable, yet inexpensive thermometers has just been announced by the H-B Instrument Co., Philadelphia, Pa.

Called "Tri-Top" thermometers, each thermometer head is made in a sharply-defined triangle shape that keeps the instrument from rolling off table tops or other surfaces. This drastically reduces breakage. Where previously the cost of repeated breakage has precluded the use of high-grade precision thermometers, "Tri-Top" thermometers now fill the need at an economical price.

For complete information, stock ranges and prices, write **H-B Instrument Company,** American & Bristol Streets, Philadelphia 40, Pa.



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arrett, C. D., Jr., *et al.*: *J.A.M.A.* 167:1103, 1958;
id., Am. J. Pub. Health 49:644, 1959.

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65459

Annual Meeting in British Columbia

ONCE AGAIN, the ballroom of Hotel Vancouver became the center of nursing in British Columbia for the three days of annual meeting. More than three hundred members enjoyed the excellent facilities provided by the hotel.

Our President, Miss Rossiter, presided at all sessions with expertness and grace. At the opening ceremony on Thursday morning, greetings were heard from the Honorable Eric Martin, Minister of Health; His Worship, Mayor A. T. Alsbury, City of Vancouver; Miss Pearl Stiver, General Secretary, Canadian Nurses' Association and Miss Evelyn Eastley, President of the Greater Vancouver District. The invocation was given by Rabbi Bernard Goldenberg of the Congregation Schara Tzedeck, Vancouver.

Following the Presidential Address, the roll call of districts was taken. Attendance for the three convention days was 374.

District reports gave evidence of continuing and varied professional activities in the 37 centers in which nurses hold regular meetings. An additional number of Chapters are now providing student bursaries and funds for the nursing care of indigent patients. These and other projects such as home nursing classes are examples of the ways in which the Chapters, representing the nursing profession in the local areas, promote good public relation.

On Thursday afternoon, the highlights of committee work and some of their functions were brought out in a question and answer session, under the title of "Seven for Seven Thousand." The interrogators were a new member recently arrived from England, a Councillor and a student.

As has become customary, the Student Nurses' Association contributed to the program. This year a panel of five, under the leadership of Miss Sheila Halpin, gave a comprehensive report on Future Nurses' Clubs. By questionnaire, information had been secured from high schools throughout the province on club membership, activities and interests. The clubs reported need for more information than at present available — these items were listed: costs, remuneration, living conditions, extracurricular activities, work required of students, job hazards, qualifications and ratings of nursing schools, salaries of graduate nurses. The consensus seemed to be that high schools do not have sufficiently detailed information.

At the beginning of the Friday morning session, Miss Stiver reviewed in detail Plans A and B of the CNA Retirement Plan and explained in layman's language the investment feature of the plan, describing it as a fence against inflation.

The 1959/60 budget and two recommendations were submitted by the chairman of the Committee on Finance. The recommendations concerned a $10,000 payment on mortgage principal and the establishment of an educational fund. The proposed bursary/loan project was outlined:

Objectives:

1. To assist nurses in furthering their education in nursing;
2. To increase the number of nurses with preparation beyond the basic course.

RNABC members and students in the final year of the U.B.C. degree program would be eligible for assistance, such assistance to be 50% bursary and 50% loan.

After some discussion, the budget, including the $10,000 payment on mortgage and an allocation of $10,000 to the educational fund, was approved.

The chairman of the Committee on Legislation, Constitution and By-laws submitted By-law amendments which had been authorized by the Executive Committee at its May Meeting, for the purpose of permitting the newly appointed Assistant Executive Secretary to be a signing officer. The amendments were approved.

The Director of Personnel Services reviewed developments and events in employment relations and placement service. A total of 389 nurses had enrolled with placement service during the year, 674 interviews were held and 366 referrals made. Private duty placement has shown changing trends. In Vancouver, 20% of calls are for chest surgery, open heart surgery and tracheotomy patients; the average number of calls per month increased from 509 in 1957 to 739 in 1959. In Victoria, in the same period, there has been a decrease from 229 calls per month to 125 calls.

Changes in Personnel Practices were accepted.

The closing session commenced with an inspiring address by Miss Stiver. The chairman of the Resolutions Committee, Miss Marion Macdonell, presented resolutions directing that thanks be expressed to the retiring Executive "who have so ably guided us through the past two years" and to the many individuals who had contributed to the success of the meeting.

The date of the 1960 Annual Meeting was decided — May 25-27 in Kamloops.

The results of the election were:

President: Miss Edna Rossiter
First Vice President: Miss Ada George
Second Vice President: Miss Eva Williamson
Honorary Secretary: Miss Florence Fleming
Honorary Treasurer: Miss Anne Cumming.

The President welcomed the newly elected officers and declared the meeting adjourned.

The Council then held a brief meeting. Chaimen of five standing committees were named:

Committee on Legislation, Constitution and By-laws: Miss Margaret Campbell; Committee on Nursing Education: Miss Mary Richmond; Committee on Nursing Service: Miss Muriel Small; Committee on Public Relations: Miss Marion Macdonell; Committee on Registration: Miss Ada George.

ALICE L. WRIGHT
Executive Secretary

One of the most important collections in the world of Chinese books and manuscripts has been acquired by the library of the University of British Columbia.

The 45,000 volume collection, which has been purchased by the "Friends of the Library," will make UBC one of the five most important centers in North America for the study of Chinese history, philosophy, literature and geography.

About one-third of the collection is made up of rare and older Chinese works, some of them dating back to 960 A.D. The second largest group of books is made up of histories, biographical works and works on institutions, economics and geography.

A large number of literary works, private papers and memorials of officials are also included in the collection. Local histories and gazeteers of Kwangtung province — the area from which most Vancouver Chinese originate — surpass in number and quality those in the best American collection.

About 90 per cent of the collection can be considered rare in the present market because the present Chinese government prohibits the export of Chinese works published before 1875. — *UBC Reports*

CARE OF THE PATIENT WITH A STROKE

By Genevieve Waples Smith. For the patient's family and the nurse. 160 pages, 65 figures, 1959. $3.00.

ORTHOPEDIC NURSING PROCEDURES

By Avice Kerr. Tells the nurse what to do and how to do it. 383 pages, 100 figures, 1959. $5.25.

CLINICAL CORRELATION OF ANATOMY AND PHYSIOLOGY

By Martha Pitel and Mildred Schellig. Valuable to teacher, student, and graduate nurse. 336 pages, 450 drawings, 1959. $6.00.

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A new low-cost line of disposable clothing for industrial, laboratory, institutional and commercial use has been introduced. The garments are made of recently developed materials. They are soft, light weight and comfortable — feel much like woven cloth.

Economically priced, fire-resistant and water repellent, this clothing can be worn by men or women either as an outer garment or over street clothes. The clothing is lint-free and can be autoclaved. Information can be obtained from **The General Scientific Equipment Co.,** 7516 Limekiln Pike, Philadelphia 50, Pa.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: **Six weeks** prior to date of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

ALBERTA

Supervisors $3,840 - $4,440 per annum. **General Duty Nurses** $3,480 - $4,080 per annum. 40-hr. work wk., Civil Service holiday, sick leave & pension program. Apply to: Baker Memorial Sanatorium, Calgary, Alberta.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary $255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) Lake resorts etc. Apply to: Mrs. J. Bergquist R.N. — Matron, Municipal Hospital no. 43, Bentley, Alberta.

General Duty Graduate Nurses for active 76-bed hospital, near Calgary & Edmonton. $260 gross salary for Alberta registered, $250 gross salary non-registered in Alberta. Excellent personnel policies & working conditions. Apply: Matron, Municipal Hospital, Brooks, Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

Graduate Nurses (2) for small country hospital in northern Alberta (40-mi. paved road to next city). Starting salary for R.N., $265; for Gr.N., $250 less $30 room & board. Good working conditions. Foreign nurses are given opportunity to register in Alberta after 1-yr. service. Newly decorated residence, single rooms. Apply: Matron, Hythe Hospital, Hythe, Alberta.

Graduate General Duty Nurses (3) for 30-bed hospital. Basic salary: $275 per mo. gross. Increments: 6 of $5.00 each at 6 mo. intervals of service. Full maintenance at $35 per mo. plus free laundry of uniforms. 40-hr. wk., rotating 8-hr. shifts. 3-wk. annual vacation after 1-yr. service plus 10 statutory holidays per yr. Separate nurses' residence. Apply: Superintendent, Municipal Hospital, Provost, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk. with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

BRITISH COLUMBIA

Registered General Duty Nurses (3) for 83-bed hospital, salary $280 - $336 per mo., 40-hr. wk. Residence accommodation available. Apply: Sister Superior, St. Eugene Hospital, Cranbrook, British Columbia.

Registered Nurses for General Duty (2) for 30-bed hospital. Apply: Matron, Creston Valley Hospital, Creston, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary $270 per mo. with $10 yearly increment. Board & room $40, 1½ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks British Columbia.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required, 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary $295-$354. Apply: Director of Nursing Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Nurses for small active hospital. Salary $250 for unregistered. $260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for R.W. Large Memorial Hospital of the United Church of Canada, at Bella Bella, B.C. 300-mi. north of Vancouver on the B.C. coast. Salary $260 per mo., less $40 for board, room & laundry of uniforms. 2 annual increments of $5.00 per mo., sick time — 1½ day per mo., cumulative, 1-mo. annual holiday, plus 10 day in lieu of statutory holidays. Transportation to Bella Bella refunded after 1-yr. Apply to: Matron, Bella Bella, British Columbia.

General Duty Nurses (applications invited immediately) for new 250-bed hospital. B.C. scale of salaries & holidays plus other benefits. Hospital is 5-mi. from centre of downtown Vancouver. Ideal working conditions. Address correspondence to: Director of Nursing or Administrator, General Hospital, Burnaby 1, British Columbia.

General Duty Nurses for 31-bed General Hospital, 5-hr. from Vancouver; salary $250 for unregistered, $260 registered, $10 increase after 1st & 2nd yr; less $45 room & board; 40-hr. wk. uniforms laundered; nurses' home. Apply: Administrator, St. Bartholomew's Anglican Hospital, Lytton, British Columbia.

BRITISH COLUMBIA

General Duty Nurses (all floors). Operating Room Nurse (1—experienced) for new 125-bed hospital to be opened early in autumn. Commencing salary: $280 per mo. or $294 for 2-yr. satisfactory experience, plus $10 per mo. additional for postgraduate certificate in any of the nursing fields. For further information write to: Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurses for 110-bed General Hospital located in British Columbia's beautiful Northwest. Salary $283 per mo. with $10 increments for 3 years. Modern residence facilities available. For complete information apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary $270, maintenance $47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

Operating Room Supervisor for modern 154-bed General Hospital. Please reply stating age,, qualifications & experience. Salary based on above. **General Duty Nurses.** Generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses: starting salary $288 if 2 yr. experience, $275-$330 in 4 yr. Non registered $260. Maintenance $50, 10 statutory holidays, 4-wk. annual vacation, 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

General Duty Nurses — Operating Room Nurses with postgraduate course or equivalent required for new 147-bed General Hospital. Personnel policies in accordance with B.C.R.N.A. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary $280-$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, **Royal Columbian Hospital, New** Westminster, British Columbia.

Graduate Nurses for 37-bed hospital, salary $250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. $50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary $275 with regular increases. Board & room $25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses; for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For salary rates & personnel policies, apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Operating Room Nurses with postgraduate training & **General Duty Nurses** for 450-bed hospital. B.C. registration required, salary & personnel policies in accordance with R.N.A.B.C. Apply: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia

MANITOBA

Registered Nurse (for general floor duty) Salary $290 per mo. less $25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary $280 per mo. gross, $40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment, 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

Registered & Licenced Practical Nurses (immediately, full or part time basis during the vacation period & on permanent staff.) Salary rating for Registered Nurses $263 per mo., for Licenced Practical Nurses $204 per mo. for full time duty. 8-hr. duty (day, evening or night,) 40-hr.. wk. Must be registered or licenced in Manitoba. Apply in writing to the: Director of Nursing, Winnipeg Municipal Hospitals, Winnipeg 13, Manitoba.

NEW BRUNSWICK

Head Nurses & General Staff Nurses for new 26-bed psychiatric division opening July 1, 1959. Apply to: Director of Nursing, Saint John General Hospital, Saint John, New Brunswick.

NEWFOUNDLAND

Registered Nurses (4) Operating Room Nurse (1) for 120-bed General Hospital. Salary on Newfoundland Government scale plus $150 bonus end each 6-mo. service, one (1) way transportation paid, customary vacation with pay after 12-mo. service, plus all statutory holidays. Interested persons apply to: Dr. J. M. Olds, Superintendent, Notre Dame Memorial Hospital, Twillingate, Newfoundland.

NOVA SCOTIA

Supervisor for Obstetrical & Surgical floor for small hospital situated on beautiful South Shore of Nova Scotia. Good personnel policies & salary. Applicant must have had supervisory experience. Apply to: Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

Registered Nurses (2) for floor duty, **Nurses Aide** (2) Immediately. Apply to: Western Kings Memorial Hospital, Berwick, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

ONTARIO

Superintendent of Nurses (with administrative qualifications) for modern 32-bed hospital to be opened early in 1960. Situated in one of Eastern Ontario's most progressive communities, close to Ottawa & U.S. Border. A small apartment is provided in the hospital. Applicants are requested to provide a resumé of past experience & salary expected. Apply to: Secretary-Treasurer, District Hospital, Box 248 Kemptville, Ontario.

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Assistant Director of Public Health Nursing (Immediately) duties include staff education, supervision & teaching responsibilities. Existing salary range $4,410-$5,130, with annual increments $180. A degree or certificate in Administration in Public Health Nursing & experience in an official agency are essential. Good personnel policies, 5-day wk., 2-wk. vacation, with 3-wk. after 5-yr., superannuation, Ontario Hospital Insurance, Blue Cross & P.S.I. benefits. For further information please apply to: Director of Public Health Nursing, City of Ottawa Health Department, City Hall, 111 Sussex Drive, Ottawa, Ontario.

Assistant Director of Nursing Service for active 140-bed hospital with expansion program. Please apply stating qualifications, experience & salary expected to: Director of Nursing, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy its many winter sports along with excellent swimming & other summer activities. Apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Lady Superintendent & Administrator for small well equipped General Hospital in a community of 3,000 people & serves a fairly large rural area; situated close to Ottawa, there is a good rail & road communication with the Capital & other communities in the Ottawa valley. Applicants are requested to provide reference with a resume of past experience & salary expected. Apply: Secretary-Treasurer, The Rosamond Memorial Hospital, Almonte, Ontario.

Instructor (Qualified) for the School of Nursing. Kindly apply to: Director of Nursing, St. Joseph's Hospital, Peterborough, Ontario.

Medical-Surgical Clinical Instructors, apply: Director of Nursing, Belleville General Hospital, Belleville, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (2) for small well equipped hospital, 30 miles from Ottawa. Liberal salary. Apply: Superintendent, The Rosamond Memorial Hospital, Almonte, Ontario.

Registered Nurses (in Canada's vacation land) for 65-bed Public General Hospital with liberal personnel policies, 40-hr. wk, above average salaries, in friendly small town, offers stimulating well rounded experience. Apply to: Director of Nursing, Lady Minto Hospital, Chapleau, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary $265-$295 for nurses currently registered; $245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurse (required September 1959) living in accommodation, pension plan, medical, hospitalization benefits. For application forms & further information, contact: Superintendent, Essex County Home for Senior Citizens, Leamington, Ontario.

Registered Nurses for 200-bed hospital for the chronically ill. Starting salary $255, 5 day wk., 1-mo. annual vacation. Residence accommodation available. Apply to: Director of Nursing, Parkwood Hospital, 81 Grand Avenue, London, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: $265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered General Duty Nurses. Salary: $230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary $250 per mo., $215 for Graduates. 40-hr. wk., group life accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Starting salaries $255-$270 according to qualifications. Good personnel policies. Adjacent attractive residence available. Room & board $40; recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Registered General Duty Nurses & Operating Room Nurses (Immediately) for 100-bed active hospital located 25-mi. from Toronto. 40-hr. wk., good salary, modern residence available. Apply: Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

Registered General Duty Nurses (4) Certified Nursing Assistants (2) replacements for ones who have been married. For 105-bed hospital in a town of 15,000 population. Gross salary ranges from $210-$240 with annual increments. 3-wk. vacation, 7 statutory holidays, blue cross medical/surgical participation, 14-day sick leave, no night duty, except in Obstetrical Dept. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active, interesting community social life in the heart of the beautiful Ottawa Valley. Active Ski, Curling & Golf Clubs, also the home of the famous Pembroke Lumber Kings Hockey Team. 2 Theatres & a "Drive-In". Forward application to: The Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary $12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty in all services. Salary commensurate with experience & qualifications, good personnel policies. Apply to: The Director of Nursing, St. Vincent de Paul Hospital, Brockville, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary $255 & $180 respectively with regular annual increments for both. Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Assistants for General Duty in modern 105-bed hospital on the shores of beautiful Georgian Bay, 40-hr. 5 day wk., residence available. Apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary $290-$335. 28-day vacation after 1-yr. C.N.A. salary $210-$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience. $5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence $28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for Surgical Floor in 163-bed Sanatorium. Excellent personnel policies. Residence accommodation available. Apply: Director of Nursing, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary $268 minimum to $303 maximum for experience, less $20 per mo. maintenance. Transportation allowance after 6-mo. service. **Operating Room Nurse,** starting salary $288 minimum with postgraduate course, $323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses (2) for General Duty in modern 90-bed hospital, salary $255 per mo., 3 annual increments, accumulative sick leave. Excellent recreational facilities in town near cities & resorts. Rooms & meals at reasonable rates. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $260 per mo.** with semi-annual merit increments, **plus annual bonus plan.** Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $250-$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 100-bed hospital. Salary $260 month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses (all departments) for 350-bed General Hospital, gross starting salary $255 per mo., 40-hr. wk. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

General Duty Nurses & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses (2). Salary for Registered Nurses $220 plus full maintenance. 5-day wk. Please apply to: Superintendent, Saugeen Memorial Hospital, Southampton, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for **General Staff Nurses.** Basic salary $250 per mo., 40-hr. wk. Good personnel policies for other benefits. Resident accommodation available. Apply to: The Director of Nursing.

General Staff Nurses ($255) & **Certified Nursing Assistants** ($193). 5-day, 40-hr. wk. Generous personnel policies. Please apply Director of Nursing, General Hospital, St. Catharines, Ontario.

Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a friendly community, 1-hr. bus ride to downtown Toronto. Salary $245-$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

Graduate Nurses, Certified Nursing Assistants for general duty immediately & positions to be filled on staff for new 58-bed hospital to be opened in early fall. For information of salary & personnel policies please write to: Superintendent, Prince Edward County Hospital, Picton, Ontario.

Public Health Nurse (qualified) for generalized program in the village of Long Branch, Metropolitan Toronto. Excellent working conditions including pension plan, hospitalization benefits etc., Apply: George F. Gage, Secretary, Local Board of Health, 1560 Lake Shore Road, Long Branch, Ontario.

Public Health Nurses (qualified) for generalized program, urban & rural. Salary $3,500 - $4,250, annual increment $150, pension plan, P.S.I., 4-wk. vacation. Apply: Archie F. Bull, M.D., D.P.H., Director, Halton County Health Unit, Milton, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Salary range $3,500 - $4,370, annual increment $175, starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Public Health Nurses (Qualified) for **Victorian Order of Nurses (Ottawa Branch).** Minimum salary $3,480, consideration given to past experience. Annual increments, 5-day wk., 4-wk vacation, $75 uniform allowance, PSI & supplementary Blue Cross available. Pension plan benefits. Apply: Director, 226 Sparks Street, Ottawa 4, Ontario. CE 2-2661.

Public Health Nurses (qualified) for generalized program. Salary $3,390-$3,990 based on experience. Good personnel policies, 5 day wk., superannuation, Ontario hospital insurance, Blue Cross & P.S.I. benefits. Apply to: Director of Public Health Nursing, City of Ottawa. Health Department, 111 Sussex Drive, Ottawa, Ontario.

Operating Room Staff Nurses for modern well equipped department, gross starting salary $255 per mo., rotating hours of duty. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

Nutritionist for a varied program in community nutrition & family work. Salary based on qualifications & experience. Apply: Mrs. Josephine D. Chaisson, Director, Visiting Homemakers Association, 3 Rowanwood Avenue, Toronto, Ontario.

QUEBEC

Assistant Head Nurses excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses (2) Immediately: to institute 40-hr. wk., for small General Hospital 40-mi. from North Bay, Ontario. Good salary in effect, 1-mo. annual vacation. Living accommodation $15 per mo. in nurses' residence. Pleasant community life with variety of winter & summer recreational activities. Please apply to: Hospital Matron, I. Irwin R.N., Canadian International Paper Company Temiskaming, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary $235 with full maintenance in nurses' home at $35; 3 increases at 6-mo. intervals to $250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., Huntingdon County Hospital, Huntingdon, Que.

BERMUDA

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

UNIVERSITY of MINNESOTA HOSPITALS

Large teaching and research center located on the University Campus in Minneapolis, "City of Lakes".

General Staff Nurse positions available at a salary of $329 per month with liberal personnel policies.

Facilities include all clinical services and there are many opportunities for advancement.

Excellent educational, cultural and recreational activities available.

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Apply to: DIRECTOR OF NURSING SERVICES

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Minneapolis 14, Minnesota

SASKATCHEWAN

Clinical Instructress at Fort Qu'appelle Sanatorium to take charge of affiliation course in tuberculosis, this is a 4-wk. course given to student nurses throughout the year; enrolment 16. Apply to: Director of Medical Services & General Superintendent, Fort San, Saskatchewan.

Registered Nurses for new 16-bed hospital situated on main line of C.P.R. & Trans-Canada Highway. Starting salary: $275 per mo. usual increments & holidays. Apply to: Matron, Union Hospital, Gull Lake, Saskatchewan.

Registered Nurses required by Quill Plains Regional Hospital Council for Member Hospitals. Size of hospitals varies from 10 to 75 beds, located in East Central Saskatchewan. Minimum pay: $260 for 25-bed hospitals or less, $250 for larger. Yearly increments to maximum of $320. Full board & room, $34.50 per mo. 40-hr. wk., 4-wk. vacation per yr. Apply: Quill Plains Regional Hospital Council, P.O. Box 389, Humboldt, Saskatchewan.

Registered General Duty Nurses for 25-bed hospital in progressive area. Salary: $290-$320 per mo. gross, 40-hr. wk. 3-wk., annual vacation accumulative sick leave. New nurses' residence. Apply to: Sec.-Manager, Union Hospital, Leader, Saskatchewan.

Graduates Nurses (2) urgently required for 8-bed hospital in southern Saskatchewan. Salary $260-$290 less $35 maintenance, 3-wk. vacation plus statutory holidays, 40-hr. work wk. & bonus after 1-yr. service. Travel fare advanced if necessary. Apply to: Mrs. D. L. Knops, Secretary-Treasurer, Union Hospital, Rockglen, Saskatchewan.

U.S.A.

Instructors (Medical-Surgical Nursing, Social Public Health aspects of nursing, Nursing Fundamentals. Diploma & college affiliated program) for 356-bed General Hospital, school of 175-students. Approved by J.C.A.H. Close to Lake Michigan Beach. One block from city bus line. Apply: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Instructors for fully accredited diploma school of nursing. Starting salary: $545. For full details write: Betty Hartwig, R.N., County General Hospital, 1200 North State St., Los Angeles 33, California.

Registered Nurses for modern 191-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty; $345 per mo. Salaries for other positons commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered General Duty Nurses for modern accredited 76-bed hospital (South Central California near Sequoia National Park). Beginning salary: $315 per mo., annual increases. Excellent working conditions. Ideal community. Winter & summer recreation. Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details write: Administrator, Memorial Hospital at Exeter, Exeter, California.

Registered Nurses eligible for registration in California. Openings for Assistant Head Nurses, evening or night shifts. Starting salary: $434 per mo. For full details write: Betty Hartwig, R.N., County General Hospital, 1200 North State St., Los Angeles 33, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary $330 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $340 for days, $370 for evenings, $360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses: Applicants must speak & write proficient English. Starting salary from $310 per month plus a differential for evening work. Apply to: The Personnel Director, The Gary Methodist Hospital, 1600 W. 6th Avenue, Gary, Indiana.

Registered Nurses Salary $325-$360 in 18-mo. or commensurate with experience differential on p.m. shift $1.50, nights $1.00. Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses for new 750-bed municipal hospital. Salary $3,700 per year with $100 yearly increments reaching maximum of $4,200; 40-hr. wk., vacation, sick time & 12 holidays, 1 meal & laundry of uniforms provided. Apply to: Director of Nursing, Martland Medical Center, Newark, New Jersey.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

● HOSPITALS
+ NURSING STATIONS
▲ OTHER HEALTH CENTRES

OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

(1) Public Health Nursing Supervisors: up to $5,220 depending upon qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,950 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to $3,780 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to $3,540 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to $200 per month depending upon qualifications and location.

- **Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and Superannuation plans available.**
- **Special pay and leave allowances for those posted to isolated areas.**

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

(or) Chief, Personnel Division,
Department of National Health and Welfare, Ottawa, Ontario.

New Graduates for county General Hospital. Starting salary: $375. For full information on employment opportunities write: Betty Hartwig, R.N., County General Hospital, 1200 North State St., Los Angeles 33, California.

Graduate Staff Nurses (Opportunities in the United States) for well equipped 400-bed nonsectarian General Hospital affiliated with Medical School. New salary rates: day shift $340-$370 per mo. afternoon & nights $370-$400 per mo. Comfortable low cost living accommodation in attractive residence building. Write to: Director of Nursing Service, Dept. CJN, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

General Duty Nurses (all shifts) for 106-bed fully approved rural hospital, located in beautiful Kittatiny Mountains, 1½-hr. out of New York City. Starting salary $265 plus meals on job, laundry of uniforms, liberal shift differential, merit raise system & fringe benefits, living accommodations available. Contact: Director of Nursing Service, Memorial Hospital, Newton, New Jersey.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary $330 per mo., $15 per mo. merit increases at 6, 12, 24 & 36-mo. 40-hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

Staff Nurses for 200-bed General Hospital; heart of Los Angeles cultural & educational center. **General Duty:** $335 per mo. minimum-days. $25 dif. for 3-11 & $20 dif. for 11-7. Time & ½ over 40-hr. wk. Soc. Sec., State Dis. Ins. 2-wk. vacation end of 1-yr. 3-wk. after 5-yr. 7 paid holidays. 12 day sick leave. Cotton uniforms laundered. Nurses' residence $10 per mo. Graduates of accredited schools. California license obtainable immediately. Apply: Mildred Croddy, R.N. Director of Nurses, Santa Fe Coast Lines Hospital, 610 South, St. Louis Street, Los Angeles 23, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses positions available in Medical-Surgical & Intensive Care units in modern 238-bed hospital. Starting salary $335 per mo. with tenure increases; differential pay for 3-11 & 11-7 shifts of $15 per mo. Liberal personnel policies, opportunities for advancement, social security, hospitalization insurance provided by hospital. Apply: Director of Nursing, Samuel Merritt Hospital, Oakland 9, California.

Staff & Head Nurses for large modern tuberculosis hospital in suburban Cleveland. Nurses eligible for Ohio registration start at $355 monthly with ½-yearly increments. Evening nurses receive $1.50 extra daily & night nurses $1.00 extra daily. Attractive completely furnished 2-bedroom homes available for 2 single nurses or a married nurse & family. 40-hr. 5-day wk., paid vacation & 6 holidays, liberal sick leave cumulative to 90-day. Excellent retirement plan. Approved by joint committee on accreditation of hospitals. Write: Director of Nursing Service, Sunny Acres Hospital, Cleveland 22, Ohio.

Staff Nurses for 800-bed General Hospital, fully accredited, located on the university campus. Starting Salary $290 per mo. plus $50 differential for evening & night tour of duty. Apply: Director of Nursing, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia 4, Pennsylvania.

Staff Nurses (all services) for University of Texas Medical Branch, teaching hospital (air conditioned). Good personnel policies. Base salary, rotation: $290 per mo. Evenings or night: $304 per mo. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room Nurse for large General Hospital in Central California. Salary range $358-$433. Liberal personnel policies, good fringe benefits, day duty, no on call. Require California registration or eligible plus 1-yr. of experience. Apply: Personnel Director, 732 East Main Street, Stockton, California.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk., attractive salary & other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

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. . . to further your nursing career under the new educational program at the Johns Hopkins Hospital.

Up to 6 hours a semester—with full tuition refunded—may be taken at any accredited educational institution in the Baltimore-Washington area by nurses on the staff of the Johns Hopkins Hospital.

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Send now for further information about this educational opportunity and for your copy of the 16-page illustrated booklet "Nursing at Johns Hopkins."

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Director of Nursing Service
Johns Hopkins Hospital
Baltimore 5, Maryland

Please send me information about your study plan and the booklet "Nursing at Johns Hopkins."

Name ....

Address ....

City .... **Prov.** ....

Emergency Room Nurse (3-11) for 154-bed General Hospital located in beautiful residential surburb along the north shore of Chicago. Starting salary $340 for days, $370 for evenings, $360 for nights, 40-hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Graduate Nurses (Staff & Operating Room) for 88-bed modern accredited General Hospital. Liberal personnel policies, college town 30,000, 85% sunshine belt, altitude 3,860. Dry, mild, all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Registered Nurses (free transportation) Spend your winter in the Sunny Southwest, in New Mexico — "The Land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics & Operating Room. Starting salaries $300 per mo., $15 differential evenings & nights. Free transportation via 1st Class Air to Albuquerque & return in exchange for 1-yr. employment contract. Apartments available at $17 per mo., excellent job benefits, no shift rotation. Write or call: Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone CHapel 3-5611.

Registered Professional Nurses for 284-bed General Hospital located on the beautiful Corpus Christi Bay in Texas which is a pleasant tropical climate. Positions available include maternity, pediatric, surgical & medical nursing. General Staff starting salary for experienced nurses $275 per mo. with a charge of $25 per mo. for meal on duty & laundry of uniforms; $10 month differential for Assistant Head Nurse; evening & night shifts, opportunity for advancement; merit salary increases liberal personnel policies, 40-hr. wk. & $50 transportation allowance to be paid upon arrival. Apply: Director of Nursing Service, Memorial Hospital, P.O. Box 5008, Corpus Christi, Texas.

General Duty Nurses for fully approved 390-bed County Hospital, affiliated with university schools of medicine & nursing. Starting salary $325, 40-hr. wk., liberal shift differential & other policies. For information write: Director Nursing Service, King County Hospital, Seattle 4, Washington.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary to start: $339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon.

Registered Nurses. Surgery (3), 3 - 11:30 - (2), 11-7:30 - (2), OB & Surgical. Base pay: $325 per mo. (40-hr. wk.); time & a half for overtime; 2-wk. (10 pd. days) vacation per yr; 6 pd. holidays; 1 day sick leave per mo. cumulative to 60 days, $10 tenure per yr. for 4 yr. Write: D. Bennett, Director of Nurses, Klamath Valley Hospital, Klamath Falls, Oregon.

ENGLAND

Plastic Surgery, Jaw Injuries & Burns Centre, St. Lawrence Hospital, Chepstow, Mon. England. (127-Plastic Surgery, 50-Orthopedic beds). 6-mo. postgraduate course on Plastic Surgery for Canadian trained nurses commences October 1st. Post provides opportunity of gaining further experience & seeing something of England. Full national nurses' salary paid. Good knowledge of English essential & must pay own fare to England. This post provides an opportunity for those who wish to take a working holiday with pay. Write quoting 2 references to T. A. Jones, Group Secretary, 64 Cardiff Road, Newport, Mon. England.

General Nurses (4) for 64-bed hospitals. Salary according to Alberta regulations, $5.00 increase after 6-mo. for 6 increases. 4-wk. paid in vacation after 1-yr. service, statutory holidays, sick leave. Transportation up to $50 refunded after 1-yr. service. Apply Sister Superior, Providence Hospital, High Prairie, Alberta.

Graduate Nurses for general duty (2) for 27-bed Community Hospital. Salary: $280 per mo. with 3 annual increments of $10 per mo. Room, board & laundry $40. 28-day vacation after 1-yr. service. Graduate complement 6. Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

Operating Room Nurses (4) to increase service in O.R. & emergency ward. Postgraduate preparation preferred but suitable experience accepted. Basic salary: $280.80 per mo. plus allowance for preparation & experience. 10 mi. from Vancouver. Apply: Miss Ada George, Director of Nursing, Surrey Memorial Hospital, P.O. Box 190, North Surrey, British Columbia.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. Five Day Week. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL

REQUIRES

HEALTH INSTRUCTOR

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of 2-yr. of nursing education followed by 1-yr. internship. 1 class of 30 students is admitted yearly. Duties include being in charge of student health program and instructing in both classroom and clinical areas. Subjects: Health, Sociology, Microbiology and assist with Medical-Surgical Nursing. Requirements: university certificate in nursing education or public health. Salary differential for degree.

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONTARIO.

CANADIAN NURSES' ASSOCIATION NATIONAL OFFICE

invites applications for position of **Assistant to the General Secretary.** Applicants must be bilingual with advanced preparation in nursing at the administrative level. Good personnel policies. Additional information available from:

MISS M. PEARL STIVER, GENERAL SECRETARY,
CANADIAN NURSES' ASSOCIATION
270 LAURIER AVENUE WEST, OTTAWA 4, CANADA

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$3,150 - $3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS

$2,040 - $2,400

Sunnybrook Hospital, Toronto — Westminster Hospital, London
Pension Plan; 3-wk. paid vacation, 3-wk. accumulative sick leave; 5-day wk.; low-cost living in staff residence.

FOR NURSES: APPLICATION FORMS AVAILABLE AT YOUR NEAREST CIVIL SERVICE COMMISSION OFFICE, OR MAIN POST OFFICE, SHOULD BE FORWARDED TO THE CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, AS SOON AS POSSIBLE.

Psychiatric Clinical Instructor to teach affiliating students in 8-wk. program for 1,500-bed active treatment hospital conducting an accredited school of nursing. Salary range: $4,320 to $5,160 per annum. 40-hr. wk., civil service holiday, sick leave & pension benefits. Residence with board, if desired, $30 per mo. Apply stating qualifications & experience to: Superintendent of Nurses, Provincial Mental Hospital, Department of Public Health, Ponoka, Alberta.

Public Health Nurses (2) for the Municipality of Oak Bay, Vancouver Island, B.C. (adjoining Victoria). Applicant should state age, qualifications, experience & should own car. Salary will be in accordance with provincial scale plus monthly car allowance. Duties to commence Sept. 1st. Applications to be mailed to: The Municipal Clerk (with references), Municipal Hall, Oak Bay, Victoria, British Columbia.

Graduate Nurse for general duty for 31-bed, T.V. equipped hospital located in friendly community in B.C.'s sunny interior. Year-round recreational activities. Salary: $285. 28-day annual vacation, 10 paid statutory holidays & sick leave. Private room in lovely nurses' residence & full board: $45 per mo. Apply Director of Nursing, General Hospital, Princeton, British Columbia.

Head Nurse for newborn nursery in new department. Previous supervisory experience essentiel. Good personnel policies. 5-day wk. For information apply to the Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

Registered Nurse (1—Immediately) for 11-bed hospital. Salary: $300 per mo. with increments less $25 per mo. full maintenance, living quarters in hospital. Please apply to: Birch River Hospital Unit, Birch River, Manitoba.

Hospital Supervisor (Alternating afternoon & night) for 105-bed General Hospital in the beautiful Ottawa Valley. 14-Obstetrical beds, 17 Pediatric, General Operating Suite, including Emergency Out-Patient Service. 1-mo. paid vacation & 14-day sick leave after 1-yr. of service. Position available September 15th. Reply, giving age & experience, etc. to: Administrator, The Cottage Hospital, Pembroke, Ontario.

Registered General Duty Nurses (2) for 17-bed hospital in southern Sask., only 20-mi. from U.S.A. Beginning salary: $260 per mo. & increments every 6-mo. up to $290. 5-day wk., statutory holidays & pension plan. Apply to: Mr. I. Antonichuk (Manager) or Mrs. B. McClement (Matron), Bienfait Coalfields Union Hospital, Bienfait, Saskatchewan.

THE MENTAL HEALTH CENTRE

REQUIRES A SUPERINTENDENT OF NURSES B.C. CIVIL SERVICE COMMISSION

Salary: $400-$470 per mo. Responsible for the nursing dept. in adult & children's clinics. Progressive outpatient & day hospital psychiatric treatment centre located 15 min. from Vancouver. R.N.'s with diploma or degree in teaching & supervision or P.H.N.; preparation & experience in psychiatric nursing. 40-hr. wk.; 4-week vacation.

For further information & application forms, apply to The Personnel Officer, B.C. Civil Service Commission, Essondale, B.C. Competition No: 59-445A.

CANADA'S CHEMICAL VALLEY

SARNIA, ONTARIO

REGISTERED NURSES

Required for all nursing services in this modern, fully approved (J.C.A.H.) hospital. Excellent benefits include — Regular rotation schedule with shift differential for evening & night shifts; 40-hr. wk; 9 statutory holidays; 3-wk. vacation on completion of 1-yr. service; generous sick leave policy.

Starting salary: $3,055 with increments to $3,757.

Sarnia is a growing industrial city of 50,000 population, bounded on the west by the St. Clair River & on the north by Lake Huron. It is a resort area, 60 miles from Detroit, Windsor & London.

For further information concerning the positions & Sarnia, write to:

THE PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONT.

CLASSROOM & CLINICAL INSTRUCTORS

required

THE GENERAL HOSPITAL
OF PORT ARTHUR
SCHOOL OF NURSING

Salary schedule in conformity with R.N.A.O. recommendations. Partial fare refund after 1-yr. in service.

WRITE:

DIRECTOR OF NURSING,
GENERAL HOSPITAL OF PORT ARTHUR,
PORT ARTHUR, ONTARIO.

GRADUATE NURSES

Graduate Nurses are required immediately for the following posts:-

(1) Assistant Director of Nurses. (Field Consultant). Duties consist of supervision of Cottage Hospitals, and Nursing Districts.

Salary Scale $3,400-100-$3,600 per annum. Uniform assistance is provided.

(2) Staff Nurse for Tuberculosis Survey Programme.

Salary $2,800-100-$3,100 per annum. Uniform assistance is provided.

For further information please apply to the

DIRECTOR OF NURSES,
NURSING SERVICES,
DEPARTMENT OF HEALTH,
FORT WILLIAM, ST. JOHN'S,
NEWFOUNDLAND

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: $324 rising to $389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or
THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C.
Competition No. 59:67

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division)
Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants. This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING,
HAMILTON HEALTH ASSOCIATION,
BOX 590, HAMILTON, ONTARIO.

DIRECTOR NURSING SERVICES

Applications are invited for the position of Nursing Director, from Registered Nurses holding degree in nursing administration or equivalent in experience. A separate attractively furnished suite in the nurse's residence is available if required.

Salary scale $5,100 - $5,700 per annum.

Applications stating qualifications should be directed to:

THE ADMINISTRATOR,
THE PORTAGE GENERAL HOSPITAL
PORTAGE LA PRAIRIE,
MANITOBA.

WILLOW CHEST CENTRE, VANCOUVER, B.C.
B.C. CIVIL SERVICE

SUPERINTENDENT OF NURSES

Salary: $324. rising to $389. per month.

Duties include responsibility for the general administration and maintenance of the Operating Room Department. Applicants must have completed an approved course in operating room technique and have additional experience, including supervisory responsibility; registered or eligible for registration in the R.N.A.B.C.

HEAD NURSE

Salary: $292. rising to $346. per month.

Duties include responsibility for nursing supervision on the 3:00 P.M. to 11:30 P.M. shift. Applicants must be registered or eligible for registration in the R.N.A.B.C.; preferably a degree in nursing or a diploma in clinical teaching and supervision, plus experience in general nursing, or, five years experience subsequent to graduation, at least two of which must have been in a tuberculosis hospital with evidence of supervisory ability.
Applicants for both of these positions must be Canadian citizens or British subjects.
Applications to be made in writing on forms to be obtained from

THE PERSONNEL OFFICER,
B.C. CIVIL SERVICE COMMISSION, 411 DUNSMUIR ST., VANCOUVER, B.C.
COMPETITIONS NO: 59-341A — 59-342A

THE MONTREAL GENERAL HOSPITAL
MONTREAL

requires a

POSTGRADUATE CLINICAL INSTRUCTOR

Operating Room

For further information apply to:

THE DIRECTOR OF NURSING,
THE MONTREAL GENERAL HOSPITAL,
MONTREAL, QUEBEC

DIRECTOR OF NURSING

required

for active, well-equipped 88-bed hospital in northern Ontario. Good personnel policies. Salaries commensurate with administrative training & experience.

APPLY: ADMINISTRATOR, LADY MINTO HOSPITAL, COCHRANE, ONTARIO.

GENERAL STAFF NURSES

required

for active well-equipped 88-bed hospital in northern Ontario. Good personnel policies. 40-hr. wk. being implemented. Salary: Reg. N., $267 per mo. Gr. N., $250 per mo. with annual increments.

APPLY: DIRECTOR OF NURSES, LADY MINTO HOSPITAL, COCHRANE, ONTARIO.

GENERAL STAFF NURSES

Two (2) positions in the
Operating Room available
in September,
also positions in other
Departments
200-bed General Hospital
Pleasant City of 33,000
3 Colleges
Good salary & personnel policies
additional salary for
postgraduate course in
Operating Room or Obstetrics.

For further information apply to:

**THE DIRECTOR OF NURSES,
GUELPH GENERAL HOSPITAL,
GUELPH, ONTARIO.**

OPERATING ROOM NURSE

For 32-bed hospital in Deep River, Ontario. R.N. Graduates with Operating Room training or postgraduate work.

Superannuation, insurance, medical and vacation plans.

Accommodation available in Staff Hotel.

State all particulars in first letter to
File 7B

**ATOMIC ENERGY
OF CANADA LIMITED**
CHALK RIVER, ONTARIO

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

**DIRECTOR OF NURSING,
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GENERAL DUTY NURSES

Salary Range $263 - $301

Required by Metropolitan Toronto for the expanding geriatrics division. Positions open in the following Homes for the aged.

KIPLING ACRES — HILLTOP ACRES
RIVERDALE HOSPITAL

Benefits include statutory holidays, cumulative sick pay, pension, etc. Permanent positions, 40 hour week.

**APPLY PERSONNEL OFFICE, 387 BLOOR ST. E.,
TORONTO 5, — WA. 4-7441**

REGISTERED NURSES
AND
CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, to implement a 40-hr. week. Situated in the Niagara Peninsula.

For salary rates & personnel policies.
**APPLY TO: DIRECTOR OF NURSING,
HALDIMAND WAR MEMORIAL HOSPITAL,
DUNNVILLE, ONTARIO**

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC & OPERATING ROOM NURSES

General staff positions also available for expansion program 1959-1960

Salary: $280 - $336 general staff.

Commencing salary $294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, $286.25 - $343.25.

A clinical differential of $10 a month in addition for approved postgraduate courses.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General
Hospital,
Vancouver 9,
British Columbia

ONTARIO SOCIETY

HOPE and OPPORTUNITY

For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH NURSES

For

OTTAWA-HAMILTON-TORONTO
AND OTHER CENTRES

YOU WILL RECEIVE —

- GOOD SALARY RANGE (Schedule revised June 1959)
- A NEW AUTOMOBILE
- PENSION PLAN
- FREE INSURANCE
- 5-MONTH TRAINING COURSE IN NEW YORK CITY AND OTHER CENTRES.

You will deal directly with children, their parents and service club members.

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SUPERVISOR OF NURSING
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

requires

Head Nurse with special preparation & experience in psychiatric nursing, to take charge of a psychiatric unit at present under construction.

Assistant Head Nurse with similar training, also required.

Salary commensurate with experience & training will be set at time of interview.

Full details relating to hours, vacations & benefits supplied on application to:

DIRECTOR OF NURSING

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

REQUIRES

IMMEDIATELY

Qualified Clinical Instructresses

Maternity (1) and Surgery (2)
General Duty Nurses (12)
Certified Nursing Assistants (12)

Salary commensurate with preparation & experience.

Apply to:

MISS HAZEL I. MILLER,
DIRECTOR OF NURSING

PUBLIC HEALTH NURSES

for generalized program in Seaway Development Area usual benefits, pension plan, allowance for experience.

Apply to:—

DR. PAUL S. de GROSBOIS, M.O.H.
STORMONT, DUNDAS & GLENGARRY
HEALTH UNIT,
38 AUGUSTUS STREET,
CORNWALL, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,

ESSONDALE, PROVINCE OF BRITISH COLUMBIA

Salary: $324 - $389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA.
IMMEDIATELY. COMPETITION NO. 59:152

WOODSTOCK GENERAL HOSPITAL

Woodstock, Ontario

requires

(1) Head Nurse, Medical floor (26-bed unit)

(2) Clinical Instructor, Medical (26-bed unit)

General Staff Nurses

All Departments

APPLY: DIRECTOR OF NURSING,
WOODSTOCK GENERAL HOSPITAL,
WOODSTOCK, ONTARIO.

DIRECTOR OF HEALTH SERVICE

This position in a well organized health service for all staff & students is open in the early fall. Requirements necessary is experience in public health field with an appreciation & understanding of a referral system to community health agencies. Salary commensurate with experience & qualifications.

Apply to: The Director of Nursing
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO

JEWISH GENERAL HOSPITAL

MONTREAL, QUEBEC

(400-BED HOSPITAL)

Has senior positions available in Nursing Service Administration & in the School of Nursing as well as vacancies for general duty nurses. Excellent personnel policies & salary.

For information, write to

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JEWISH GENERAL HOSPITAL

3755 COTE ST. CATHERINE ROAD

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has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
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- Vacation with pay.
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For further information write to:

Director in Chief,
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5 Blackburn Ave., Ottawa 2, Ontario

DIRECTOR — SCHOOL OF NURSING

For a School of 90 students, organized independently of Nursing Services. The school program follows the pattern of 2 years of nursing education plus 1 year of internship.

Salary: $5,400-$6,000 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital
Windsor, Ontario

VICTORIA PUBLIC HOSPITAL

FREDERICTON, N.B.

requires

GENERAL DUTY STAFF

OPERATING ROOM STAFF

INSTRUCTRESS

Work in a University City.

Good personnel policies.

44-hr. week & increment for afternoon & evening duty.

Apply:

DIRECTOR OF NURSING

Are you a
General State Registered Nurse?

Do you enjoy
Nursing
which brings you into
Closer Contact
with your
Patients
and their families?

Are you interested in
Research, Medical Advancement & Rehabilitation?

Have you some or no experience in
Neurological & Neurosurgical Nursing?

Do you want a
Short Term Appointment
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Have you also read the advertisement under Postgraduate Nursing Education?

Then write, giving particulars of your training, to:—

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COOKSVILLE, ONTARIO

(12 miles west of Toronto)

120-bed General Hospital, opened May 15th, 1958.

I. Head Nurse with experience for Medical Ward (33-bed unit).

II. Head Nurse with experience for Obstetrical Ward (24-bed unit).

III. Head Nurse with experience for Surgical Ward (32-bed unit).

Generous benefits, 40-hr. work week.

For further particulars apply:
DIRECTOR OF NURSING,
SOUTH PEEL HOSPITAL,
COCKSVILLE, ONTARIO.

APPLICATIONS ARE INVITED FOR THE POSITION OF

DIRECTOR OF NURSING

at the 625-bed Barton Street

unit of the

HAMILTON GENERAL HOSPITALS

The School of Nursing has a program of 2-years nursing education plus 1-yr. of internship, for approximately 300-students.

For further information apply to:

THE DIRECTOR OF HOSPITALS
HAMILTON GENERAL HOSPITALS
HAMILTON, ONTARIO

PEDIATRIC SUPERVISOR

for 20-bed Pediatric Unit

DUTIES TO INCLUDE ADMINISTRATION OF THE UNIT AS WELL AS TEACHING OF STUDENT NURSES. ESPECIALLY ATTRACTIVE SALARY OFFERED.

For details apply to: Director of Nursing

GENERAL HOSPITAL, CORNWALL, ONTARIO.

THE WINNIPEG GENERAL HOSPITAL

is recruiting

GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

**THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA**

NEW MOUNT SINAI HOSPITAL

Toronto

Modern 400-bed Hospital

requires

REGISTERED NURSES

and

Certified Nursing Assistants

40-hour week - Pension plan

Good Salaries and Personnel Policies

Residence Facilities Available

Apply

DIRECTOR OF NURSING
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $255 monthly ($117.50 bi-weekly) if registered in Ontario, $235 monthly (108.20 bi-weekly) until registered. Annual increment $10 monthly ($4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary $260 - $290 per month if registered in Ontario.
Differential of $10 for evening and night duty.
40-hour week. Sick leave cumulative to 30 days.
3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

AN OBSTETRICAL INSTRUCTRESS,
NURSES FOR GENERAL DUTY IN ALL SERVICES.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $255-$305 per mo. Certified Nursing Assistants $190-$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON,
TORONTO 15, ONTARIO — CH 4-5551

Residence, Cook County School of Nursing

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HERE NEVER STOP
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**COOK COUNTY
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Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at $340-$372.50 for a 37½ *hour week.* And you're only minutes from Chicago's fabulous Loop and local universities.

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Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

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REGISTERED NURSES

(General Duty with opportunity for advancement)

New modern 130-bed General Hospital in dynamic college city in beautiful San Joaquin Valley only 2 hours from Los Angeles

Starting salary for evening & night duty $350 per mo. for general duty.

5-day, 40-hr. work wk. Progressive personnel policies.

Transportation costs to California will be reimbursed after 2-yr. satisfactory service.

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